

JUNE 1860.

N° 6.

JOURNAL
OF
PRACTICAL MEDICINE AND SURGERY

FOR THE USE OF MEDICAL PRACTITIONERS

FOUNDED BY

LUCAS-CHAMPIONNIÈRE, M. D.

H. CHAILLOU, M. D.

CHIEF EDITOR.

ENGLISH EDITION

TRANSLATED UNDER THE DIRECTION OF THE EDITOR

By **D. Mc CARTHY, M. D.** and **A. SPIERS, Ph. D.**

VOL. XXXI.

THIRD VOL. OF THE ENGLISH EDITION.

PUBLISHED MONTHLY

AT THE END OF THE MONTH.

Price : Great-Britain and Ireland, 15 s.

Subscriptions effected by letter (prepaid) / directed to the Editor in Paris, or, if preferred, to the Agent in London.

Offices of the Journal : Paris, 8, Rue d'Anjou-Dauphine ;
London : 21, King William Street,
Strand, W. C.

1860.

CHAMPIONNIÈRE'S JOURNAL OF PRACTICAL MEDICINE AND SURGERY

H. CHAILLOU, M. D., EDITOR.

This Journal is essentially practical.

This peculiar character has already obtained for it, and will doubtless continue to secure, the approbation of the British practitioners of Medicine, who, desirous of availing themselves of the experience of the masters of the French and particularly of the Paris Schools, are likewise anxious to be accurately informed of the progress of science abroad as well as at home.

It presents every month to its readers a summary of all the cases calculated to assist them in the exercise of their profession; it informs them of all that takes place in our Schools and especially in our hospitals; it brings to their notice the transactions of learned societies, all that is interesting in more than 40 journals and a considerable number of books and pamphlets. The medical man, who, engrossed by the practice of his art, will devote each month but a few hours to its perusal, will be as conversant with the state of science as if he had spent long days in his library; for books, which he could not procure, have been read for him, hospitals have been visited, lectures have been attended, practical facts have been compared, in short a labour has been performed, that can be accomplished but by the concurrence of several persons united under the same direction.

The desire to assist our readers in the research of such articles as they may be desirous of referring to, has guided us in the adoption of the peculiar form of our publication. The monthly numbers are especially fitted for collection, and the arrangement of the contents makes it easy for the reader, whatever be the date of his subscription, to refer to the required passages, compare them, draw his own conclusions, and thus be furnished with a safe guide in any intricate case he may meet with in his practice. Every article being designated by a number, each volume, or each series of volume, can readily be transmuted into a *dictionary*, an arrangement of matter most convenient in all researches of a scientific or medical nature.

The *Journal of Practical Medicine and Surgery* is therefore at once a monthly serial and a collection.

The English edition of the **JOURNAL OF PRACTICAL MEDICINE AND SURGERY** forms a number consisting of 48 octavo pages delivered in a wrapper and is published regularly the 28th of every month. The 12 parts amount at the end of the year to a volume of nearly 600 pages.

The **ANNUAL** subscription is **15 SHILLINGS**.

As the subscription always dates from the month of January, the parts preceding the date of the subscription and previously published in the course of the year are immediately forwarded to the subscriber.

Every part is delivered *free of expense* at the residence of the subscriber. The amount of subscription will not be claimed until after the first six monthly parts have been forwarded.

On the 30th June, the amount of the subscription to be forwarded by P. O. order, to J. F. Brunet, Esq., our Agent for all parts of Great-Britain and Ireland.

Subscriptions effected by letter (prepaid by a four-penny stamp) directed to the Editor in Paris, or, if preferred, to the Agent in London.

Office of the Journal : *Paris*, 8, Rue d'Anjou-Dauphine.
Agent in *London* : J. F. Brunet, Esq., 21, King William Street, Strand, W. C.

PRIZE MEDAL 1849.

LE PERDRIEL AND MARINIER

54, Rue Sainte-Croix de la Bretonnerie, Paris.

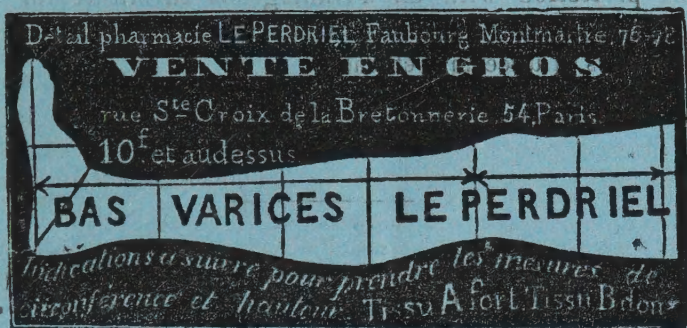
SPECIAL PREPARATIONS FOR BLISTERS AND ISSUES.

LE PERDRIEL'S *adhesive blistering tissue (red blisters)*, for opening blisters in a few hours without occasioning pain or inconvenience.

LE PERDRIEL'S *blister Plaister and paper* for keeping blisters open.

Dr. FILHOS'S *caustic* for opening issues.

LE PERDRIEL'S *elastic issue peas and cooling Plaister* for keeping issues open without irritation. Elastic healing PAPER AND ARMLETS for clean, commodious and secret dressing of blisters and issues.



SILK ELASTIC STOCKINGS

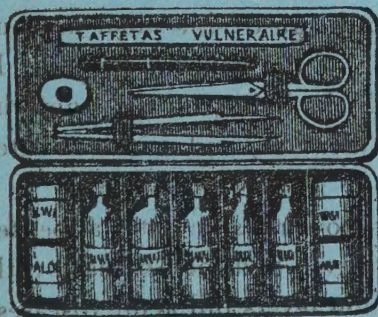
From 16s. to 34s.

PRICE OF STOCKINGS FOR VARICOSE VEINS, A AND B.

8, 10, 12, 14, 16, 20, 24 and 40s.

ABDOMINAL BELTS

For both sexes, manufactured of the same materials.



MARINER'S POCKET MEDICINE CHEST for the use of sportsmen, anglers, travellers, etc., containing the most usual medicines and those most necessary in case of accidents. — Six numbers. (No. 1 represented by the annexed drawing.) Price: 10, 14, 16, 24 and 50s. MARINIER'S PLAISTER (*Baume du Commandeur* and *arnica* French vulnerary), succedaneum to court-plaister for cuts, excoriations, burns, etc.



VEGETO-MINERAL SHIELDS, for corns, bunions, callosities. Instant relief. Reboullau's counter-irritant thapsia plaister. Lehuby's capsules (medicated envelopes).

All Le Perdriel and Marinier's medicinal preparations may be had at all apothecaries in France or in foreign countries.

LYING-IN ESTABLISHMENT

Directed by Mrs. ROBERT.

This establishment, situated in the middle of a large garden, presents all desirable guarantees of secrecy, management and morality. Private apartments and gardens. Bath-room, piano, library, newspapers. Wet nurses, baby-linen, children put out to nurse.

For other particulars apply to Mr. Robert, Surgeon and Accoucheur, 27, Rue Saint-Louis-en-l'Île, Paris.

CARRIÉ'S FERRUGINOUS CORDIAL

Prepared by Carrié, graduate of the School of Pharmacy,
Paris.

This preparation, composed of tartrate of ammonia, potash and iron, is of easy exhibition, very agreeable to the palate and may be taken in large doses without occasioning irritation or constipation. Its perfect innocuousness and tried efficacy in all diseases, which require iron, have been ascertained by more than fifty eminent physicians, whose names appear in our notice on ferruginous waters and prove that no other compound of iron is comparable to this for the cure of chlorosis, chloro-anæmia, discharges of all descriptions, for the recovery of strength after confinement, long nursing or illness, for invigorating lymphatic children, and especially girls whose constitution forms with difficulty, restoring digestion and curing gastralgia, etc.

Dose : Two tea-spoonfuls daily in a little wine and water, one at the morning and the other at the evening meal.

Paris. CARRIÉ, Dispensing Chemist, 38, Rue de Bondy.

NEW PESSARY,

Moulded and supplied with a tube becoming distended by the elasticity of its own walls; patented.

FÉLIX BERGUERAND, Indian rubber surgical instrument-maker, 64, rue du Temple, PARIS.

OPPRESSION,

Colds, Catarrhs,

ASTHMA

NEURALGIA,

Sore throat.

INFALLIBLY RELIEVED AND CURED BY THE

PECTORAL FUMIGATOR.

(Espic Cigarettes.)

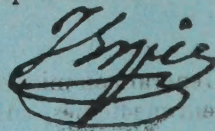
The smoke, being inhaled, penetrates into the chest, conveys calm through the whole nervous system, facilitates expectoration, and favours the important functions of the respiratory organs.

PARIS, Pages, chemist, 31, Rue Hauteville, and at all Apothecaries.

Sold wholesale by J. ESPIC, 9, rue d'Amsterdam.

London, JOZEAU, Chemist, Haymarket, 49.

Each Espic Cigarette bears the annexed signature.



NOTICE.

The subscribers to the **Journal of Practical Medicine and Surgery** are hereby reminded that in consequence of the mode now adopted, the payment of their subscription for the year 1860 is due from the 1st July and they are respectfully requested to forward the amount by **Post-Office order** (payable at the *Charing-Cross office*) to

John F. BRUNET, Esq., Director,
21, King William street, Strand,
London, W. C.

Gentlemen, who may not have yet paid up their subscription for the preceding years, are invited to add the amount, the receipt of which will be acknowledged by return of post. Early attention to this point is solicited, to avoid interruption in the transmission of the Journal.

ART. 5832.

Academy of Medicine. — Discussion on osteo-myelitis consequent on fractures in gun-shot wounds. — Physiological and therapeutic action of sulphate of cinchonia. — A new system of bathing ; one hour's bath with three and a half quarts of water.

An important question of surgery, and more especially of military surgery, was raised before the Academy of Medicine by one of its most active and learned correspondents, Mr. Jules Roux, Head Naval Surgeon at Toulon. Our readers are already aware from the minutes of previous meetings that we allude to the still mooted point of the most eligible part for secondary amputation and for disarticulation, substituted for amputation in the continuity of the limb, to avert the incessant danger of *osteo-myelitis*. Osteo-myelitis is, in Mr. Jules Roux's estimation, the cause of the commonly fatal issue of secondary amputation performed in the continuity of the shaft. Compelled to resort to a further mutilation, after protracted suppuration, the surgeon has not unfrequently rendered but an unprofitable service to the patient : the bone, still diseased, where the saw has for the second time divided it, does not cease to suppurate and few subjects can withstand this persevering drain upon their constitution, an inevitable consequence, according to Mr. Roux, of inflammation, when, from the fractured point it has reached the medullary membrane and the texture of the entire bone. Hence the precept to amputate in the joint, in obedience to the principle universally accepted in surgery, that an operation, to be rational, must remove the whole of the evil.

We have recorded the astonishing success which has given authority to Mr. Jules Roux's theory. Of eight soldiers, consecutively amputated in the continuity of the limb, two only survived. Mr. J. Roux, on examination of the bones, observed that they were totally invaded by the inflammation, which he denominates *osteo-myelitis*, and he accordingly at once modified his practice : twenty-two patients, who had reached the advanced stage, which

he calls *period of osteo-myelitis*, were amputated in the joints, and Mr. Roux numbered twenty-two cures, four of which were disarticulations of the hip and thirteen of the shoulder-joint. Assuredly, were these magnificent results alone considered, and were they susceptible of no other plausible explanation than the theory of osteo-myelitis, all surgeons should hasten to adopt Mr. Roux's ideas; but such does not appear to be the case. The too few speakers, who took part in the discussion raised by our learned fellow-practitioner of Toulon, Messrs. Larrey, Robert, Jobert de Lamballe, and Mr. Legouest, in a letter addressed to the Academy, stated in reply that osteo-myelitis is not so constant as Mr. Roux imagines; that it is often susceptible of spontaneous cure; that clinically and anatomically it is difficult to discriminate between the first and second degrees, the benign from the grave variety of the inflammation; that surgeons, when amputating in the continuity of the limb, have often found in the medulla and the bone the anatomical characters of serious osteo-myelitis and yet have saved some of the patients; and finally that suppuration of the medullary canal itself is not necessarily fatal.

Such are the objections urged against Mr. Roux's doctrines, but as it was however desirable to account for the success of the eminent surgeon, it was ascribed to the occult influences of medium, season, constitution, i. e. the contingencies of chance. This, as Mr. Jules Guérin correctly observed in the *Gazette Médicale*, was but imperfect justice to the sagacity and surgical skill of the operator: "That Mr. Roux is mistaken in attributing to his principle the excellence of his results may be possible; but why deprive him of the benefit of his unfailing practical instincts and of the advantages of his great surgical experience? Traditional practice teaches that there are opportunities to be chosen, circumstances to be preferred, precautions to be taken, dangers to be avoided, remedies to be employed; Mr. Roux is doubtless indebted to his thorough knowledge of these particulars for his constant success." Mr. Guérin's opinion was, if we err not, shared by the majority of his colleagues of the Academy. Yet, acknowledging with our eminent fellow-practitioner that Mr. Roux's sound sense, exquisite tact, and knowledge

have considerably contributed to the results he has achieved, one element more must perforce be introduced into their interpretation. Otherwise how are we to account for the disastrous consequences, which the same sound sense, the same exquisite tact, the same knowledge were unable to avert in the wounded who underwent partial amputation of the limbs? There is obviously a something beyond the product of these high qualities, which distinguish Mr. J. Roux and that can scarcely be a mere caprice of chance. Caprice is, from its very nature, transient, and when it appears to last too long and to recur too often, some unnoticed truth, some disregarded principle lurks beneath the fortunate or unfortunate series of facts, a truth or principle which should be brought to light by dint of patience and perspicacity. In a question involving interests of so momentous a nature, the impatient public observed with painful surprise the silence of Messrs. Velpeau, Cloquet, Laugier, Malgaigne, Denonvilliers, Nélaton, Huguier. Was their silence merely the expression of doubt and the sign of philosophical abstinence? We must presume it was, but Mr. Roux's paper seemed to deserve a more encouraging reception. All possible objections and abstentions united cannot prevail against this significant fact that, in the case specified by the surgeon of Toulon, eight amputations in the continuity of the shaft resulted in death, and success attended the entire number of his twenty-two disarticulations.

— Another discussion, momentarily suspended from a feeling of courtesy to Mr. J. Roux, has been brought to a close. Its subject was Mr. Bouchardat's report on Mr. Moutard-Martin's investigation respecting the anti-periodic action of cinchonia. We presented an analysis of this memoir in our April Number (Art. 5798), adding that a conversation, rather than a discussion, had followed Mr. Bouchardat's report. The debate was but adjourned. A recently elected member of the Academy, Mr. Briquet, the author of a *therapeutic treatise on cinchonia*, deemed it a duty to protest against the secondary situation, assigned to cinchonia by Mr. Moutard-Martin, and to reinstate this alkaloid, the value of which would seem to

have been lessened and its physiological action misrepresented by the physician of Hospital Beaujon. Mr. Moutard-Martin stated that the physiological action of cinchonia was more energetic than that of quinine, although its therapeutic power was inferior; Mr. Briquet asserts that the physiological action of cinchonia differs from that of quinine but by a less degree of energy. Mr. Moutard-Martin declared that, at the dose of from 10 to 15 gr., sulphate of cinchonia often induces physiological effects, which could not be prudently exceeded. Mr. Briquet contends that the danger indicated here is chimerical, and that cinchonia, admirably replacing quinine in ordinary cases, its use cannot be too strongly recommended in practice. Mr. Bouchardat did not find his colleague's arguments sufficiently strong to modify the conclusions of his report, which declared those of Moutard-Martin well-founded. He again demonstrated the truth of the proposition, so untowardly attacked, that, although the therapeutic action of cinchonia must be considered as inferior to that of quinine, its physiological or toxical effects are, on the contrary, very positively more considerable. He demonstrated that it is not indifferent to admit or to neglect this experimental fact, that if cinchonia has its direct and legitimate application in all slight cases of intermittent fever, it is extremely dangerous to use it in large doses for obstinate or serious cases, considering its incontestable and rapid poisonous effects.

This discussion, in which Mr. Michel Levy took, as will be seen in another portion of the present Number, an important part, concluded by the adoption of the propositions of the report, and a resolution ordering Mr. Moutard-Martin's conscientious memoir to be forwarded to the Committee of Publication.

—We borrow from the transactions of the Academy of Medicine some very curious details relative to a hydraulic apparatus which threatens the old system of baths with utter revolution.

We noticed in this Journal (Art. 5622) that one of our honourable contemporaries of the Press, Dr. Sales-Girons, had succeeded in reducing water to spray and in introduc-

ing it in this condition into the respiratory organs, each of its spherical molecules containing all the volatile and fixed elements of the integral, from which it was detached and in the same proportions. This important peculiarity, now demonstrated, is sufficient to establish a clear distinction between the respiration-rooms of the ancients and those instituted in 1856 on the new principle, inaugurated by Mr. Sales-Girons. In the former, the pulmonary mucous membrane was brought into contact with the *gaseous principles* only of mineral waters to the exclusion of the *fixed ingredients*; in the latter, it is the *entire* water which is conveyed into the respiratory organs, in the same way as on the sea-shore, the water, reduced to spray by the wind and closely mingled with the atmosphere, is directly inhaled by the patients. We have not to consider here the breathing-rooms, to the utility of which we have called attention, nor even the more or less ingenious portative apparatus, with which Mr. Sales-Girons and Mr. Mathieu, surgical instrument-maker, have endowed therapeutics. We are merely desirous of bringing to the notice of practitioners an equally ingenious derivation of Mr. Sales-Girons's felicitous idea, realizing on a larger scale the advantages of the reduction of water to spray. We refer to the *hydrofère* bath, devised by Mr. Mathieu (de la Drôme).

Formerly a representative of the people, Mr. Mathieu is no less known by his meteorological studies than by the honourable position he acquired in our political assemblies. Mr. Mathieu, of an ardent and investigating mind, does not confine himself to the introduction of a few drops of mineral water into the respiratory organs. Mr. Gavarret, in a concise and elegant report, recently informed the Academy that Mr. Mathieu replaces the 60 or 80 gallons of water contained in an ordinary bath by 6 or 8 pints of liquid comminuted by his *hydrofère*. Mr. Mathieu rightly thought that in a bath of stagnant water, the portion of liquid in immediate contact with the skin alone, exercises a topical action, and supplies materials for absorption. This being admitted, he sought to keep up on the surface of the skin a very thin layer, constantly renewed, of active liquid. The apparatus invented to

solve this problem is very simple and operates with perfect regularity.

The liquid, enclosed in a copper box, is divided into very fine particles by a current of air supplied by a fan, working under a pressure of about two inches of mercury. The subject, seated in a bathing-box similar to that used for fumigations, the jet of gas and of comminuted liquid escapes by a discharge-hole situate on a level with the knees, rises obliquely, spreads, and is broken into an excessively thin rain, which is incessantly thrown upward on the body of the patient. The head may, at pleasure, be kept outside the box or remain exposed to the action of the rain, the temperature of which may be regulated, according to the peculiar indications of each case.

Frequent experiments, instituted in Mr. Hardy's wards at the Hôpital Saint-Louis in Paris, admit of the affirmation that with Mr. Mathieu's system of bathing by affusion, baths into which enter high-priced substances, such as iodine, mercury or aromatic essences, may be administered *at a very trifling cost*. With the hydrofere the medical practitioner may, at all places and in all seasons, subject his patients to the influence of sea-water or natural mineral water baths ; for Mr. Hardy's experiments peremptorily establish, and that was the principal question, that the physiological and therapeutic action of the hydrofere baths are identical with that of the mixtures or solutions used in ordinary baths. One advantage more, which Mr. Hardy points out in the hydrofere bath, is that the water, being constantly renewed, more easily carries away with it the scales and foreign matter adhering to the surface of the skin. A great number of persons labouring under grave and for the most part stubborn affections have been radically cured or much relieved by the hydrofere medicinal baths. In the treatment of those diseases of the skin especially, which extend to the face and scalp, the superiority of these baths is incontestable. The experiments conducted at the Hôpital Saint-Louis prove that patients, far from desiring to keep their heads outside the box, generally prefer exposing it, like the rest of the body, to the action of the spray.

If this latter advantage be confirmed by subsequent ob-

servation, it will plead powerfully in favour of the *hydrofère*. We are not surprised to learn that the Administration of Public Assistance has required a special and detailed report on the subject. The Academy has taken the requisite measures for the accomplishment of this necessary formality. From all these circumstances it may be fairly inferred that Mr. Mathieu's system, which is so economical, will soon be in general use, and realize one of the most desirable and the least foreseen improvements of balneatory medication.

ART. 5833.

HOTEL-DIEU.

(Wards of Dr. Aran. Clinical Professor pro. tem.)

Pneumonia of the aged. — Medico-chirurgical measures in pleurisy. — Remarks on the treatment of sub-acute rheumatism.

We stated in our last Number, that in consequence of the fickleness of the weather, cases of pneumonia had been unusually numerous. In spring, this disease is not generally so dangerous as in winter; one form however is always attended with much peril to life : it is that to which the aged are particularly liable, and the prognosis in this variety can scarcely be sufficiently guarded.

An instance was recently observed in the ward Saint-Antoine, and as the case presented several points of interest, Mr. Aran did not fail to direct towards it the attention of his hearers. The patient was a woman, aged sixty, who was admitted into hospital for pneumonia, which had supervened during the course of bronchitis, and in spite of rapid improvement, relapses of inflammatory action had for several days cast much uncertainty upon the prognosis of the case. For ten years this woman had been afflicted with a catarrh, which, under the influence of cold, became complicated with pneumonia of the summit of the right lung, while the basis of the left presented all the signs of capillary bronchitis. The pneumonia was marked by di-

minished elasticity, on percussion, of the thoracic walls, tubar breathing and crepitation. A phenomenon very commonly observable in the aged was also present, namely, a considerable variation of the physical signs, due to the presence and viscid nature of the sputa ; in order to estimate correctly the value of the morbid sounds detected on auscultation, it is therefore necessary to request the patients to cough ; the bronchial obstruction being thus removed, rhonchi may then be heard, which were previously inaudible. It very frequently happens in the incipient stages of the disease, that the only physical signs of pneumonia in the aged consist in simple diminution of the respiratory murmur, combined with a slight decrease of the natural sonorousness or elasticity of the thoracic parietes.

On the day of the admission of the patient a four-ounce mixture containing 5 gr. of tartar-emetic was prescribed. On the following day, Mr. Aran found her pulse weak, and irregular, at 130, and counted 40 inspirations in a minute. He did not, under these circumstances, venture on the adoption of the method of repeated venesection, not that he was deterred by the age of the patient, which does not absolutely preclude blood-letting, but the cachectic condition of the woman appeared to him not to warrant this course. Struck with the fact of the predominance of bronchitis, and fully aware of the utility of emesis in the disease, Mr. Aran prescribes as a vomitive :

R. Pulv. Radicis Ipecacuanhæ. 24 gr.
Cupri sulphatis 8 gr.

To be taken in 4 doses at ten minutes' interval.

To secure the subsequent resolution of the pulmonary inflammation, he further resorted to large doses of tartar-emetic and blistering.

Rasori was in the habit of exhibiting 18 gr. of tartar-emetic in the course of the day, and the same dose during the night, altogether 36 gr. in the twenty-four hours. Although, therefore, we say with Laennec that we follow Rasori's practice, we are very far from reaching this amount. Mr. Aran prescribes 15 gr. of tartarized antimony to be taken in small doses, at intervals, in the twenty-four hours. This is a wise precaution, suggested by the

unknown state of gastric irritability. The medicine is generally exhibited in the form of pills silvered-over, which pass through the stomach without acting directly upon that viscus, and if emesis supervene, it is merely the result of the saturation and of the consequent reflex action. The administration of the drug in the shape of pills has the further advantage of preventing the occasionally serious complication of pustular inflammation of the pharynx, and moreover allows of a larger quantity of tartar-emetic being taken; thus saturation, the object of the method, is more speedily effected, and the patient is not exposed to the exhaustion induced by frequent vomiting.

When the emetic action of the Ipecac. and sulphate of copper had ceased, the patient, who is the subject of the present remarks, took every three hours one of the following pills :

R. Antimon. Tartarizati. . . 15 gr.
 Mucilaginis. Q. S.
M. Divide in pilulas quatuor.

These pills, not having been silvered over, produced vomiting twice, and several motions. The next day the pulse had fallen from 130 to 96, and the respiration from 40 to 32. The same prescription was persevered in for three days. On the fourth, the pulse was 84 and the tubar respiration was replaced by crepitation, the number of pills was reduced to three, but the medicine having become repugnant to the patient, a four-ounce mixture was substituted containing 8 gr. of kermes, and one ounce of syrup of morphia.

A blister was applied between the shoulders on the very first day of treatment. Vesication, as Mr. Gendrin has demonstrated, may be beneficially resorted to at all stages of pneumonia. It induces some acceleration of the pulse, because it causes pain, but this disadvantage is abundantly compensated by constant local improvement. Its application requires, however, precautions, which it may not be unnecessary to allude to. A large blister should, of course, be liberally camphorated; if this detail were neglected, and the blistering tissue was applied over recent scarifications or leech-bites, or even left *in situ*

for too long a time, dysuria and very painful ischuria might be the consequence. Mr. Aran never leaves a blister more than six hours in contact with the skin, and at the expiration of that period, it is removed and replaced by a layer of cotton-wool, under which the phlyctæna readily rises.

When fever has abated, the persistency of the stethoscopic signs does not prevent Mr. Aran from supporting the aged labouring under pneumonia with food and a small quantity of generous wine. The exhibition of nutriment is as useful in advanced years as in childhood, excessive abstinence producing the same unfavourable effects at both extremes of life. When this course has been pursued, the patient, although cured of the inflammatory disease, sinks under gradual exhaustion. The digestive powers become impaired, and when the time at which the cravings of appetite may be satisfied with impunity appears to have come, the stomach refuses its co-operation, and the patient dies of inanition. Even in the adult, and in pneumonia, nutriment should be prescribed, when feverishness having subsided, tubar respiration and crepitus are still present. Claret, mutton-chops may with safety be allowed, and resolution sets in. Mr. Aran did not hesitate to follow this practice in the case above alluded to, but, as we stated in the first part of the present remarks, relapses of inflammatory action supervened, not induced by the tonics exhibited, but by the chronic bronchitis, upon which pneumonia is so frequently ingrafted, in the aged. This complication, indicated by copious frothy sputa, required a return to the emetic mixture, and the patient is now out of all danger. We should not omit to mention that Mr. Aran attaches the utmost importance to the high temperature of the sick-room in pneumonia. The lesser gravity of the disease in spring and summer, comparatively with winter, is due to a cause so obvious that it should not be overlooked by the practitioner. Heat, being indispensable for the cure of pulmonary inflammation, must therefore, if it does not exist naturally in the atmosphere, be artificially created, and the temperature around patients affected with this malady should be raised to 18-22° (65-72° Fahr.) and be kept up

night and day. The diet-drinks should also be taken as warm as possible; if these essential conditions are not carefully attended to, the most judicious treatment may fail in preserving the life of the patient.

— On the 11th May, Mr. Aran performed thoracentesis in the case of a young man aged twenty-four, labouring under enormous pleuritic effusion. When the patient was admitted into the wards, the skin was hot, the pulse 88, the inspirations 32 in a minute, and cough was frequent; the effusion had originated several weeks previously, its symptoms were most manifest, and it had caused displacement of both the heart and liver. At first, abstinence from food, warm diluent drinks, and sedative gum-mixtures alone were prescribed, a course of treatment, if not absolutely negative, at least of very indifferent energy. This plan was adopted in order that the future course of the effusion might more readily be watched.

Mr. Aran has occasionally observed that large serous effusions of this description decreased under the influence of repose and the warmth of the bed. This, however, did not occur in the present instance, and breathing being much obstructed, the physician resolved upon performing thoracentesis. The procedure, recommended by Messrs. Trousseau and Reybard, was that adopted, i. e. incision with a lancet at the back of the thorax in the seventh intercostal space and perforation with a trochar, the aperture of which is protected by a wet tube of gold-beater's skin. From this incision escaped two pints and a half of fibrinous serum, which rapidly coagulated, and much relief was the consequence. The operation was performed May the 11th. On the 12th, the patient stated that his cough had ceased, that he was enabled to breathe and speak with ease, and yet the physical results of the thoracentesis were very incomplete, on account of the false membranes which interfered with the absolute removal of the whole of the effusion, on the one hand, and on the other on account of the partial but rapid reproduction of the morbid secretion. The advantages derivable from the operation are however positive; in the first instance the sufferer is relieved, and in the second is placed in a condition

more favourable for a final cure, the remedial agents in our possession being but the auxiliaries of nature. There is no reason to doubt the perfect innocuousness of thoracentesis. — Mr. Aran has instituted the operation no less than 250 times, and has never found any reason to repent having had recourse to the process. It, therefore, is devoid of all danger, always relieves oppression, and shortens by several months the duration of the complaint for which it has been performed.

Some other cases of pleurisy afforded Mr. Aran an opportunity of alluding to the treatment of the disease, which frequently yields spontaneously, especially in summer. When the amount of effusion is moderate, he merely prescribes rest, the warmth of the bed, warm drinks and abstinence from food. Like all chest-affections, inflammation of the pleura subsides more rapidly in proportion to the warmth of the circumambient atmosphere. One of Mr. Aran's friends, who attempted to evade this important condition, experienced three relapses in the course of six months. With regard to blood-letting in pleurisy, Mr. Aran, when he resorted to venesection, observed that, although the effusion decreases under its influence, it is speedily reproduced. It may at most be useful to apply cupping or a few leeches to the side. The pain may very frequently be removed by a mustard-poultice or a compress impregnated with chloroform.

If the latter is prescribed, it will be well to remember that chloroform has a most irritating action, and that with subjects, whose skin is delicate or irritable, a very small quantity of this liquid should be used. A thin piece of linen, moistened with chloroform in that portion only which is directly in contact with the stitch in the side, is quite sufficient, provided its contact with the painful region be secured by a properly tightened bandage.

In pleurisy, however, the pain is not the most important element of disease, the effusion survives pleurodynia, and it is to reduce its amount that diuretics and blisters have been recommended. Diuretics, says Mr. Aran, are very unfaithful agents, and their effects are distant and uncertain. Blisters are preferable, although Professor

Trousseau has denounced them as useless. Their results, it is true, are neither rapid nor brilliant, but yet their salutary action in pleurisy cannot without injustice be denied, especially if they are repeated, and they constitute a remedy which the practitioner will always be glad to resort to in mild cases, in which the effusion is too considerable and too likely to yield, to justify the performance of thoracentesis.

— Mr. Aran took advantage of two fresh cases of subacute rheumatism marked by pain without swelling or much fever, to add a few remarks to those he had already made on the treatment of this disease (Art. 5816).

As a principle, said the lecturer, rheumatic fever in its incipient stage, in a person of vigorous constitution, may be contended with, with decided advantage, by Mr. Bouillaud's depletive method. Practically however, many exceptions will be found to this rule. Thus, for instance, patients, who have reached the twentieth, thirtieth, fiftieth day of the rheumatic affection, are without appetite, and in a state of anæmia, which would deter Mr. Bouillaud himself from any idea of resorting to repeated venesection. When however rheumatism is general, it must be met with general treatment, for, if mere local measures were adopted, the disease would yield in some regions and return in others, and cardiac complications, always much to be dreaded, could not always be averted. In cases in which blood-letting appears likely to be more injurious than useful, the practitioner must have recourse to sulphate of quinine, veratrine, nitrate of potash, and subsequently vapour and sulphur baths, etc.

Sulphate of quinine in small doses frequently repeated may be exhibited in quantities amounting from 15 to 40 gr. in the twenty-four hours, without producing any inconvenience. After quinine, veratrine holds the next place as to importance and utility. The two patients suffering from subacute rheumatism, who afforded Mr. Aran an opportunity of reverting to the subject, took with benefit $\frac{1}{12}$ of a grain of this substance on the first, $\frac{1}{6}$ on the second, and $\frac{1}{4}$ on the third day. Had not, on the fourth day of treatment, the improvement been manifest,

Mr. Aran would have relinquished the use of this agent, and adopted some other remedy, probably nitrate of potash, in gradually increasing doses of $\frac{1}{2}$ an ounce, 6, 8, 12 and 16 drachms daily, dissolved in abundant drinks, in the proportion of $\frac{1}{2}$ an ounce for every quart.

When, finally, rheumatism persists after the cessation of fever, warm baths, taken with all due precaution against cold, are an excellent therapeutic method. Blisters applied ring-wise around the affected joints were also mentioned by Mr. Aran. This mode of counter-irritation proved successful in a patient, lying in Ste Jeanne's ward, to whom we alluded in our last number. After having lost blood to the extent of four pounds, she was at last cured by reiterated applications of small blisters. Subsequently, when nothing remains but a combination of debility and pain, vapour baths and subsequently sulphur baths are most useful. Mr. Aran here, however, energetically denounced the premature use of these, particularly of vapour baths. A patient complains of pain in a joint and is threatened with rheumatism; influenced by incautious advice, he takes a vapour bath, and the disease at once sets in; the vapour bath, by stimulating the system, having served merely to render the rheumatic tendency universal.

ART. 5834.

HOSPITAL OF LA CHARITÉ,

(Professor Velpeau's wards.)

Excision of mammary cysts.

A woman, aged forty, was brought to the operating theatre to undergo an operation for the removal of a tumour of the breast. The growth had attained the size of a very large egg, was situated deeply behind the nipple and somewhat lower, was indolent, knobbed, and had caused no change in the appearance of the skin. It did not present the ligneous hardness of scirrhus, and from the fact of its mobility, its ancient origin, and the healthy condition of the integument, it might be inferred that it

was not a cerebriiform cancer, a kind of tumour which promptly becomes adherent to the skin, the latter soon assuming a red hue in the contiguous parts. The question arose whether it might not be an enchondroma, a fibrous growth, or an epithelial production. Not only are these morbid products of rare occurrence, but the two former present a degree of firmness and an elasticity which did not exist in the present case, the idea of a malignant nature of the disease thus becoming more and more improbable. It therefore became necessary to inquire with what variety of benign tumours the present disease might be classed. These benign morbid growths, according to Mr. Velpeau, should be divided into adenoid and hypertrophic, the former unconnected with the glandular texture, the latter, on the contrary, forming one with the mamma. In this respect, the tumour in question, being attached to the gland, must be considered as belonging to the hypertrophic variety; but enlargement of the glandular lobes is not the only sort of tumour presented by the mamma; cysts are also met with, difficult of discrimination, because they combine with other morbid elements, and do not constitute an essential disease. The morbid production was here of a mixed character; deep-seated fluctuation was perceptible in the principal segment, it is true, but it was solid in other parts. This was not therefore a primary cyst, and Mr. Velpeau concluded the case to be one of partial hypertrophy of the gland combined with a serous or sero-sanguinous cyst, which might have one or several cavities.

This opinion being adopted as the nearest to the truth, what was the most appropriate treatment, and above all what should be the prognosis of the case? The prognosis evidently seemed favourable, for admitting even the probability of a relapse after the removal of the tumour, such relapse was not likely to prove malignant. As to the treatment, excision seemed the proper course, but the Professor remarked that in such cases it was not necessary to proceed with the same degree of strictness as in cerebriiform cancer. Whether the knife, the *écraseur*, or escharotics were resorted to, it was needless to carry their action beyond the limits of the evil. It might even not

be required to remove the entire tumour. On the patient under consideration, Mr. Velpeau performed a curved incision below the nipple, and having secured the tumour with a hook, proceeded to dissect it out. About one half was detached when the cyst was accidentally opened and a jet of serous fluid was propelled from its cavity. This cyst was equal in size to a small egg, but it was not solitary; a second of the volume of a walnut, and a third being also found, besides several others of smaller dimensions, the whole having become developed within the enlarged and indurated texture of the mammary gland.

The origin of these cysts, said Mr. Velpeau, is various. A lobule of the gland sometimes becomes enlarged, and in a portion of the mass a cavity forms, which subsequently constitutes the cyst; on other occasions, one of the lacteal ducts being obstructed, gradually expands more and more. Many cysts originate in these ducts, so that certain breasts represent a cluster applied to the chest. A knowledge of these details is necessary for the adoption of efficient treatment. Thus, when a disease of this kind is observed, the practitioner must be aware that several cysts probably concur in its formation, and that any operation but excision is likely to prove insufficient. If the principal sac is punctured and treated by injection, it will after its cure leave behind it other cysts and hypertrophied structures. In a tumour of the size of a hen's egg, Mr. Velpeau has met with as many as 33 cysts. In many instances, he has seen from 5 to 12 varying in dimensions from that of a small walnut to that of a hazel-nut, filled with a fluid of various composition, serous and transparent, or gelatinous, brown, etc. Hence the insufficiency of puncture and iodine injections in this kind of tumour. Sometimes, however, Mr. Velpeau has resorted to this method with success, but such cases must be considered as exceptions, and excision remains as the rule of treatment.

When, during the dissection, the sac is accidentally opened, on account of the difficulty of separating it from the subjacent parts, the circumstance is unimportant. In the present case, the cyst was opened above and outwardly; the surgeon nevertheless proceeded with his operation and discovered two other cysts, but the removal of the

morbid growth was not difficult. The wound extensive, but of a simple character, was dressed with lint, and healed by granulation without presenting any further incident deserving of notice.

ART. 5835.

HOSPITAL OF THE SCHOOL OF MEDICINE.

(Mr. Nélaton's wards.)

Interesting case showing the utility of a loose, precautionary ligature in complete denudation of an artery.

Mr. Nélaton exhibited at his clinical lecture a highly interesting anatomical preparation. Thirteen days before, the Professor had removed, in a private hospital kept by lay-brothers, a medullary sarcoma, situate on the inner face of the arm, along the course of the brachial artery, movable in a mass, but connected with the neighbouring parts by unyielding attachments. The surgeon exposed the cancer by a linear incision and, after dividing the fascia, which stretched across it, slowly proceeded to the dissection, which soon allowed of the tumour being inverted, bottom upwards. It was not without mistrust that he entered on the last stage of the operation, as the artery lay close to the point of the knife, and its bluish tinge indicated its immediate vicinity to the tumour with which it was closely united, and which it accompanied in its displacement. Mr. Nélaton, however, succeeded in separating the blood-vessel without accident, and also the median nerve, which likewise escaped injury; the only incident which occurred during the operation was the division of a small muscular branch, at about two lines from the main artery. This circumstance, as will appear, became the cause of much subsequent inconvenience, and led to consequences highly deserving of attention.

From this small artery escaped a capillary and uninterrupted stream of blood, which, although not likely to endanger the patient's life, might interfere with the union of the wound, and retard its cure. Two courses were

open to the surgeon : to tie the brachial artery or merely place a ligature around the injured blood-vessel, although the threads must of necessity surround the bleeding artery close to its origin from the main trunk. The latter was the line of conduct Mr. Nélaton adopted, trusting that, in consequence of the smallness of the wounded artery, a minute coagulum might be sufficient effectually to prevent further hemorrhage. He was confirmed in this opinion by the fact that, in a case of amputation of the thigh, Mr. Gerdy had secured a collateral artery of considerable size, close to the femoral, with the best results. Mr. Nélaton followed the example set by Mr. Gerdy in the case referred to, but he carried precaution one step further. The brachial artery had been dissected from all its connections, in an extent of two inches : why should not subsequent danger of secondary hemorrhage be obviated by throwing around this vessel a loose ligature, which might be taken advantage of, and tightened in case of need? Despite the prejudice still prevalent against this procedure, Mr. Nélaton unhesitatingly placed around the brachial artery, at the superior angle of the wound, a slack ligature the extremities of which were secured externally, and the wound was closed with *serres-fines*.

The event fully justified the wisdom of this precautionary measure. Up to the fifth day, matters progressed favourably, but at that date, hemorrhage having taken place, the lay-brother, to whose care the patient was entrusted, was summoned, tightened the loose ligature, and instantly checked the escape of blood. Mr. Nélaton visited the patient daily, and remarked, not without surprise, that the threads applied round the small artery did not become detached ; they fell away at last on the twelfth day, and at the same time an arterial tube 15 lines in extent was removed. The following is an explanation of the occurrence.

All the portion of the brachial artery isolated during the operation, below the loose ligature, had mortified. The precautionary ligature had obstructed the vessel above, and it was likewise closed below, a little lower than the wounded collateral. The patient was doing well, but he had nevertheless lost a fragment of the brachial artery

twelve lines in length, and eschars being inferior in size to living structures, it is probable that in this case the main blood-vessel of the arm was destroyed in an extent of at least 15 lines. No doubt could be entertained as to the nature of the mortified tissue; it was in the shape of a tube, pervious to a probe in its entire length, and Mr. Robin detected in it all the microscopic elements of arterial structure.

This interesting case is not without a parallel. In 1842, the learned micrographer whose name we have just quoted, being at the time a dresser in Mr. Velpeau's wards, witnessed after the excision of enormous axillary glands, the denudation of an artery in its entire circumference and in a length of about 20 lines. On the fifth day after operation, fatal hemorrhage supervened, and on post-mortem examination, a portion of artery was found in a state of mortification. All surgeons have of course separated arteries partially from their surrounding connexions, but complete denudation is quite different; the *vasa vasorum* are then destroyed and gangrene is to be apprehended.

Mr. Nélaton's conduct should be imitated in these cases of arterial denudation, the gravity of which is not sufficiently known. He further acknowledged with perfect candour, that he personally had no right to claim the credit of the satisfactory issue of the case related above. It was due to a fortunate but fortuitous circumstance; the object of the loose ligature he had placed around the brachial artery was merely to obviate, if necessary, the chances of secondary hemorrhage from the small blood-vessel which had been injured, the possibility of mortification of the main trunk not having occurred to him. This accidental piece of good fortune will however have the useful result of showing that the precautionary ligature is not utterly worthless, as in this instance it certainly was instrumental in saving the life of the patient, and might perhaps have also preserved life in Mr. Velpeau's case, had surgeons at that period been aware, as they henceforth must be, of the possibility of the untoward occurrence which was observed in both instances.

ART. 5836.

Remarks on the pathology and treatment of gleet (1).

We propose in the present Number to conclude our remarks on the treatment of gleet. We have stated that in some discharges symptomatic of stricture, the oozing continues after the removal of the coarctation of the urethra, and that it does not invariably yield to the exhibition of balsamics or of astringents in the shape of solutions or pomades. We are also aware that these remedies are frequently unsuccessful for discharges unconnected with stricture. It is in these cases we use nitrate of silver, in *solution*, in *ointments* or in *the solid state* : we crave permission to add a few words on the subject of this important medication, trusting to be excused for inevitable redundancies, which we prefer however to the omission of any useful detail.

Books and experience have taught us that this valuable agent succeeds in various doses and under different forms. We are acquainted with instances of cure effected with very weak injections, ex. gr. 2 or 3 grains of nitrate to the ounce of distilled water. But the numerous disappointments we have personally met with from the use of weak solutions have for seven or eight years led us to estimate more highly the utility of *caustic injections*.

In *blennorrhæa navicularis*, in which the action of the remedial agent can readily be limited to the diseased part, we use a solution containing 20 per cent of nitrate of silver. — When the seat of the disease is higher up within the duct, we reject partial injection on account of the impossibility of ascertaining the precise spot in which the discharge originates, and we recommend a solution of crystallized nitrate of silver of a strength of 16 per cent, recently prepared, a precaution of which experience has taught us the importance. — We cannot lay too much stress upon the fact that the distension, the separa-

(1) Vide Art. 5754, 5769, 5784, 5818.

tion of the walls of the urethra, is the essential condition of an efficient application of the caustic fluid : the syringes

FIG. 1.



in common use very imperfectly meet this requirement, and we therefore use a caustic-holder of our own invention, a figure of which is annexed.

It consists, as may be seen in the annexed engraving, of a silver tube, containing the caustic-holder. The canula A B (Fig. 1) is of the same diameter and shape as the common catheter; it is open at one extremity C (Fig. 2), and at the other, bears a receptacle enclosing several leather rounds, perforated in the centre, to allow of the passage of the rod and destined to prevent the escape of liquids from the cavity of the tube.—In the straight portion of the canula and on its concave side is a plate with an aperture in the middle, for the purpose of establishing a communication between the cavity of the instrument and the outer air.—

FIG. 2.



At one end of the rod is a knob T (Fig. 1), and at the other an enlargement C (Fig. 2) 15 lines in length, presenting two cups or

excavations, and terminated by a bulb, the diameter of which is superior to that of the hollow tube. The bulb

and cups are separated by a narrow neck, which fills the cavity of the canula when the instrument is closed, B (Fig. 1). The instrument being open (Fig. 2) and held in a horizontal position, a small quantity of caustic solution is introduced with the syringe commonly used for injection, and is then closed.

The extremity of the caustic-holder, rubbed over with oil or suet, so as to render its aperture water-tight, is introduced into the urethra as far as the bulb, where solid catheters have a natural tendency to stop. — Pressure is then exerted on the knob of the rod, so as to bring it into contact with the receptacle at the upper extremity of the canula, and allow of the escape of the fluid at the other end, and the instrument is *very slowly* withdrawn. The fluid, thus receiving atmospheric pressure through the orifice of the plate, escapes from the tube, and cauterizes the entire extent of the urethra, being at the same time entirely removed by the olive-shaped extremity of the rod which presses forward the liquid towards the meatus during the withdrawal of the caustic-holder. This *function* of the vesical extremity of the rod is found most useful, when the cups are filled with caustic ointment.

Performed in this manner, and during the chronic and indolent period of gleet of the spongy portion, cauterization with fluids is not in the least degree painful. The subsequent reaction is moderate, and the operation may without fear be repeated after a few days. It is not so for cauterization with the solid nitrate of silver. The sufferings it occasions are always considerable, and frequently violent urethritis follows; we never resort to it in blenorrhæa of the spongy portion of the urethra, but very seldom and exclusively in some obstinate cases of *prostatic gleet*.

After the application of the caustic solution, we recommend strict attention to diet and copious cold drinks (water and syrup of orgeat) for two or three days. Compresses impregnated with cold water are applied at night to the penis, to allay distressing erections. During the following day, if the secondary inflammation persists, we prescribe *very weak* astringent injections (cold tea, sulphate of zinc, acetate of lead or tris-nitrate of bismuth), and we

await the final effects of the cauterization. One of two things then occurs : either the discharge is suppressed and a cure is effected, or after a week, a fortnight or even twenty days of apparent cure, the oozing returns with the characters it possessed before the operation.

In the first instance, nothing remains but to congratulate the patient on his recovery; in the second, we adopt the following line of conduct: — The cessation of the discharge, for a certain time, may be assumed as sufficient proof, that the caustic solution has acted upon the diseased part, and that the case was a genuine blennorrhœa of the spongy portion. A second, and, if necessary, a third cauterization is instituted and afterwards the use of astringent solutions or ointments is persevered in. When, on the contrary, a relapse has taken place a very few days after the operation, and when we do not feel perfectly satisfied whether the disease occupies the spongy or prostatic regions of the urethra, we insert the caustic-holder further into the duct and we cause the fluid to act upon the entire extent of the mucous membrane. — Should this method again fail, we resort to some of the empirical remedies to be presently noticed.

Prostatic gleet. — Under this denomination are comprised (Art. 5769) the discharges originating in the deep-seated portions of the urethra. The existence of this form of gleet appears to us unquestionable, but its morbid anatomy, semeiology, and ætiology present so many desiderata that this point of pathology is involved in much obscurity: hence considerable difficulty in the treatment.

When signs of inflammation of the neck of the bladder, such as frequent desire to pass water, etc., are present, leeches should be resorted to. — If the patient suffers from rheumatism, attention to diet and to hygienic precautions must be recommended, together with the treatment most appropriate to the rheumatic tendency. — Should lithic diathesis be manifest, alkaline preparations and baths must be prescribed. — In chloro-anæmia, a condition very common in Paris, a tonic diet and chalybeates, such as the solution of sesquichloride or citrate of iron should be exhibited. Plethoric subjects addicted to in-

dulgence, full livers, etc., should be instructed to discontinue a mode of life which can only increase the inflammatory predisposition, and to adopt a regimen more in harmony with their state of health, if they desire to be cured. But while acknowledging the propriety of general treatment and of good hygienic rules of conduct, for the removal of the disease under consideration, we must admit that we profess but a limited amount of faith in their efficacy.

Balsamics, such as cubebs, copaiva, turpentine, etc., are sometimes successful, and we have occasionally had recourse to them with benefit. We may say the same of local medications in which ointments have seemed to us more useful than injections. We frequently, for instance, prescribe the following pomade :

R. Argenti nitratis 1 part.
Seti. 2 parts.

The melted lunar caustic seems to assimilate better with fatty substances than the crystallized nitrate. This ointment we convey into the deep-seated portions of the urethra by means of our caustic-holder. The operation should be repeated several times, but at longer intervals than in the case of gleet originating in the spongy region. — If after two or three months the oozing persists, we sometimes resort to cauterization with the solid lunar caustic, which can be readily fixed in one of the cups of the caustic holder, by means of a spirit lamp; the instrument is then inserted, and the action of the escharotic is limited to the deep portions of the duct by closing the instrument when its vesical extremity has reached the bulb.

Should the latter method fail, we have recourse to some of the empirical remedies recommended for gleet, such as sea-baths, the water-cure, sulphur-baths, cold lotions on the organs of generation, etc.

Anomalous gleet. — We stated (page 74) our suspicion that in some instances gleet, consequent upon puriform urethritis, might originate in some of the excretory ducts of Cowper's glands, of the prostatic lobes, the ejaculatory ducts, the lacunæ, etc. If this surmise be correct, the caustic solution conveyed into the urethra by

means of our instrument would seem the course of treatment most likely to lead to a satisfactory issue, and the supposition is not inadmissible that, by withdrawing very slowly the instrument, the solution may penetrate into the diseased orifices. — Astringent pomades smeared over bougies which are left ten minutes in the urethra would, possibly, answer the same purpose : also *medicated bougies* which are, perhaps, not used sufficiently often in the treatment of gleet.

F. CLERC, M. D.

MEDICAL CORRESPONDENCE.

ART. 5837. PUERPERAL CONVULSIONS CURED BY REPEATED COMPRESSION OF THE CAROTID ARTERIES. — A woman aged twenty-one, residing at Gourdon (Lot), had reached the end of the eighth month of her first pregnancy, and was in perfect health, when on the 25th of last April, after having worked all day, as usual, in a sitting posture, she stumbled as she rose from her chair, and fell backwards, inflicting at the same time a severe contusion upon the region of the sacrum. An hour after the accident, the signs of premature labour became manifest, a mid-wife was summoned, natural parturition took place, but scarcely had delivery been effected, when violent convulsions set in.

A physician, who was then called in prescribed leeches to the temples and mastoids, and mustard-poultices to the lower extremities. But instead of being relieved by these measures, the convulsive attacks returned with increased violence, and with so much rapidity as to be almost incessant, being only separated by short intervals of deep coma. When I visited the woman next day, the 26th, her condition was unaltered, and the fits had then persevered with obstinacy for eighteen hours. The sufferer's vigorous constitution, her full, throbbing pulse, the congestion and turgid state of the face, seemed to indicate the propriety of copious blood-letting, which I accordingly performed, prescribing also the following mixture, to be taken in table-spoonfuls every hour :

R. Aq. destill.	3 oz.
Liq. ammoniæ	120 minims.
Syr. minthæ	1 oz.

This line of treatment proved as unavailing as that which had been previously instituted. It then occurred to me to have recourse to pressure on the carotids, according to the method of Mr. Bland, of Beaucaire, which consists in applying compression to both arteries simultaneously, either by flattening them with the thumb and middle finger against the sides of the larynx, thus approximating them to each other, or by directly

forcing them back with the finger and thumb against the anterior aspect of the vertebræ. I adopted the former procedure, and I had the happiness to find that, during my very first experiment, the paroxysm became less violent and shorter. The double pressure exercised upon the blood-vessels of the neck soon enabled me to master the subsequent attacks, and to check them suddenly whenever the convulsive fit appeared on the point of occurring. I must, however, acknowledge that, if I was at length successful in conquering the convulsions the most formidable I had ever witnessed, it was not without difficulty, for I had to resort to compression not less than one hundred and fifty times during a struggle of twenty-four hours. I should also add that the unconsciousness and coma persisted many hours after the cessation of the fits, and yielded at last but to the combined action of two large blisters applied upon the legs, and of five grains of calomel in three doses, which were taken at intervals of half an hour.

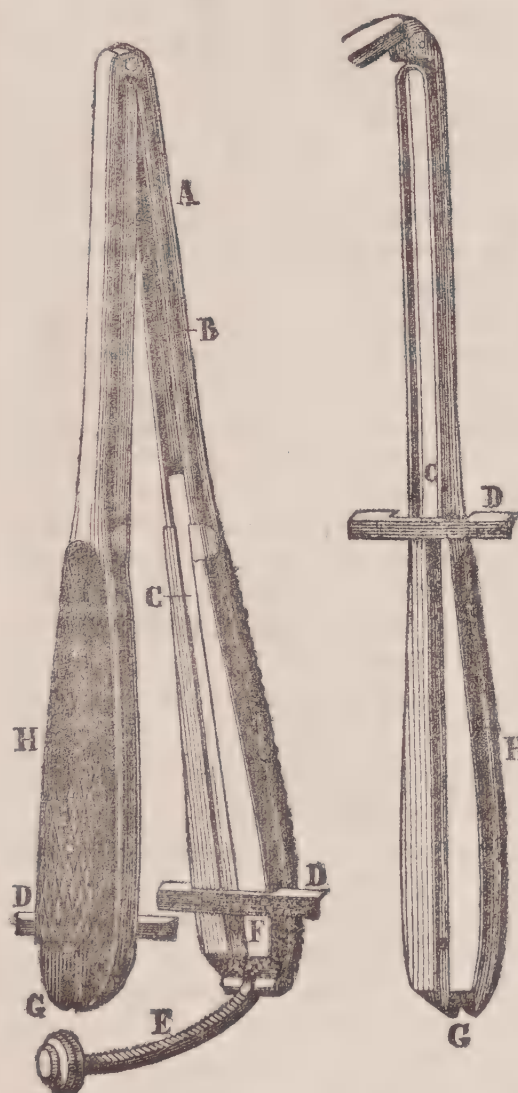
I am utterly ignorant of the cause of these inexplicable convulsions, and refrain from idle disquisition on the subject. But I must lay stress upon a practical point, which appears to me of paramount importance, viz. the result which was effected by reiterated and persevering pressure upon the carotids. In the case of similar attacks, for which, as Mr. Pajot recently remarked in a lecture at the hospital of the School of Medicine, venesection alone has always proved unavailing, the method which I found successful should be without delay resorted to, and I am confident that it will render the greatest service when other remedial agents have failed. Inhalations of chloroform at the beginning of the paroxysms, and renewed whenever the convulsions return, have also been found beneficial. MM. Pajot and Blaud recommend them in preference even to blood-letting. Both chloroform and pressure might be simultaneously employed. Thus the practitioner will at least be supplied with some means of treatment for a morbid condition which has hitherto baffled the most ingenious combinations of the therapist.

LABALBARY, M. D.
Gourdon, Lot.

SCIENTIFIC MISCELLANEA.

ART. 5838. FORCEPS CAUSTIC HOLDER FOR THE DESTRUCTION OF HEMORRHOIDAL TUMOURS, WITH ACIDS. — Since the publication in the *Dublin Journal of Medical Science* (1843), of Dr. Houston's important paper on the use of monohydrous nitric acid in certain forms of the hemorrhoidal disease, this escharotic has gained much ground in England, and the method, which had proved successful in the hands of the Dublin Surgeon, improved by Dr. H. Lee, is that which now bids fairest to equal the popularity of ligature, which is in high favour with British surgeons. Dr. Houston's procedure consists, as we stated on another occasion (Vol. 15, page 175, of this Journal), in painting the surface of the hemorrhoid with a wooden spatula, previously steeped in monohydrous nitric acid. Olive-oil immediately afterwards is spread over the cauter-

ized parts in order to neutralize the uncombined portions of acid. Dr. A. Amussat has added to this mode of treatment the same improvement, which he had previously adapted to the application of the Filhos caustic, first instituted by his father; it consists in the use of a forceps with platinum receptacles protected by metallic slides, in which he inserts a paste composed of nitric acid and saffron or curcuma powder. With this instrument, he grasps the tumour at its basis, exposes the caustic by withdrawing the lids, and performs a circular cauterization of the hemorrhoid. He then removes from the furrows marked by the caustic any uncombined portions of acid with a painting-brush steeped in olive-oil, and prescribes a hip-bath. The following case, with the plate annexed, communicated by Mr. Amussat, will fully illustrate his modification of Dr. Houston's operation:



A. The rod.

B. Platinum receptacle for the caustic.

C. Platinum protecting slide.

D. Transverse handle for moving the slide.

E. Winch to close the forceps.

HH. The handles.

Fig. I. The instrument at the time of operation, the caustic paste exposed.

Fig. II. The caustic holder, closed.

CASE. — In the year 1850, Mrs. X., aged 49, first suffered from very painful attacks of hemorrhoidal congestion, which usually lasted for several weeks and induced considerable loss of blood. In June 1854, her

health was seriously impaired by a more violent, and much more tedious attack than any she had hitherto experienced. Her condition, in spite of very active treatment, becoming daily more unsatisfactory, she applied in December of the same year to Dr. Alph. Amussat, who, having carefully examined the parts, after the bowels had been cleared by an enema, detected the presence of an internal pile of the size of a walnut, situate near the perineum on the left side, and of two smaller hemorrhoids on the right side, besides varicose blood-vessels. The larger growth was purple, bleeding and irregular in shape.

On 18th December 1854, after taking an enema, the patient was placed on the edge of a bed in the attitude recommended in the operation for fistula, and was instructed to make expulsive efforts in order to cause the tumours to extrude from the intestinal orifice. Dr. Richelot kindly lent his valuable assistance to the operator, who inserted into the rectum his jointed forceps, the cups of which, covered with their protecting slides, were filled with a paste made with monohydrous nitric acid and curcuma powder. The forceps was then opened and the tumour fell naturally between the blades, which firmly grasped its basis; the lids of the cups were then removed, and, the acid paste being thus exposed, a circular cauterization was performed around the basis of the hemorrhoid. The instrument was left one minute in contact with the growth, when, the escharotic action being deemed sufficient, the cups were again closed, and the forceps was withdrawn by an inverse manipulation to that adopted for its introduction. A painting-brush, liberally impregnated with olive oil, was repeatedly passed over the cauterized parts, and the patient was placed in a tepid hip-bath, where she was directed to continue the bearing down efforts, in order that the tumour might benefit as much as possible from the soothing effects of the water. During the operation, a good deal of smarting was complained of, and the pain gradually decreased, during the ensuing three hours, at the expiration of which all suffering had ceased, and the woman returned to her bed. In the evening, Dr. Amussat visited her and found her free from pain, and progressing favourably. Soups were the only food allowed.

On the 19th, an external circular swelling formed around the anus, but the tumour was black and collapsed.

On the 20th, the patient complained of some smarting and a sero-sanguineous discharge was noticed on the poultices : soups.

On the subsequent days, the improvement continued steadily and elimination of the hemorrhoid began on the 23rd.

The next day, the growth was entirely detached; the patient had slept and the circular swelling noted above had disappeared.

The first motion took place on the 26th; it was passed with but little pain and contained no blood; a more nutritious diet was now allowed.

After an aperient, Jan. 1st 1855, several motions were passed containing a few drops of blood; the patient was permitted to rise from her bed.

From this period forward, Mrs. X. gradually returned to her usual avocations, and in the course of February a fresh examination showed

that a complete cure had been effected : She now enjoys perfect health and the disease had evinced no tendency to relapse.

At the close of the year 1853, Dr. Amussat used the same instrument, charged with sulpho-safranized paste in the case of a Parish Priest of Landernau (Finisterre). A comparison of the results obtained in this instance and in that we have related, induces him to prefer in future nitric acid as a caustic. He had intended to resort to ter-chloride of antimony, but its application being very painful, he has not hitherto done so. With the instrument above described he has likewise destroyed hemorrhoidal growths, successively with Vienna paste and with chloride of zinc, the latter being kept *in situ* for two hours. This is, as our readers will perceive, but the application of linear cauterization to the method of Bonnet (of Lyons).

ART. 5839. REMARKS ON EXCISION OF BONE IN GENERAL, AND ESPECIALLY OF THE KNEE-JOINT. — The difficulty of forming a correct estimate of the injuries requiring excision in preference to amputation, accounts for the restricted performance of the removal of portions of bone. On the field of battle it is seldom resorted to, although in the war of the Duchies, Stromeyer and Langenbeck did so with success. Various foreign works on the subject, and especially a memoir of Professor George Adelman, of Dorpat, recently translated into French by Mr. Bénard (*Archives Belges de Méd. mil.*), seem however to show that, when excision is performed at leisure and under favourable circumstances, its results are not on an average more fatal than those of amputations or disarticulations.

The first part of the paper refers to thirty operations of excision performed for various diseases of the bones of the upper extremity : 6 cases terminated fatally and in 18 the functions of the limb were preserved.

Resection of the knee-joint has been so severely judged by most surgeons, that Professor Adelman has deemed it desirable to gather on this point the most extensive and accurate information possible. The number of cases he has collected amounts to 163. The procedures adopted may be classed under three heads : 1. Two lateral cuts united by a transverse incision below the patella. 2. A semi-lunar incision running below the patella, from one condyle to the other. 3. A crucial incision. The result of these various processes is the same, and therefore, in Mr. Adelman's opinion, the surgeon may, according to circumstances, have recourse to either. 86 of these cases terminated favourably ; 51 patients died, 24 of whom were carried off by puriform absorption. Mr. Adelman recommends the removal of the patella when it is diseased only ; in this respect, his opinion is at variance with that of Messrs. Fergusson, Canton, and Price.

ART. 5840. — NEURALGIA AND PARALYSIS CONSEQUENT ON VENESECTION. NARCOTIC INJECTIONS. ELECTRIZATION. — Mr. Robert communicated to the Society of Surgery, in the name of a provincial practitioner, Dr. Vinatier, a case in which neuralgic and paralytic symptoms

were induced by blood-letting. A nun, who, in March 1858, was bled in the median cephalic vein of the left arm, immediately felt in the wound most acute pain, which had ever since persisted uninterruptedly; movement of the fore-arm had become very painful; for a whole month, pronation was impossible. In July 1859, the pain diminished in the arm, but resumed its acute and lancinating character in the first three fingers and the hypothenar region, and at the same time the thumb and middle finger were the seat of continuous formication. In the month of February last, the fore-arm and hand seemed so heavy that they required the support of the other hand. The hand and fingers, with the exception of the little and ring finger, were paralyzed; flexion of the fore-arm was painful and imperfect, and the arm heavy. The pain, still acute, followed the course of a broken line, which from the wound descended along the supinator longus, ran along the outer side of the middle of the fore-arm, following the external edge of the radius as far as the wrist; thence it radiated to the first three fingers and to the corresponding portion of the hand; unbearable in the neighbourhood of the wound, it returned on the slightest pressure of any part along its passage.

To obviate the various symptoms induced by this injury, Mr. Vinatier combined the sub-cutaneous injections of sulphate of atropia with electrization. From the 19th February to the 15th March, this gentleman performed thirteen injections, each time of five drops of solution at a 100th. He thus obtained the entire cessation of the pain, even on pressure in an extent of three inches from the wound of the vein, which was the most painful part. In the rest of the fore-arm and the hand, the improvement was manifest. On 5th March, Mr. Vinatier thought himself justified in combating the paralysis by electricity, from which he promptly derived beneficial results. The pain, however, returned at certain points; while in others partial cutaneous anæsthesia was present. From the 3rd March to the 4th April, Mr. Vinatier performed twelve new injections. Every day, the arm was lubricated with an ointment containing $\frac{1}{60}$ of its weight of strychnia, and electricity was daily applied to the arm, fore-arm and hand for an hour, with the metallic brush of Legendre and Morin's apparatus.

Under the influence of this treatment, the symptoms of neuralgia and paralysis were considerably modified, and at the date of 4th April, Mr. Vinatier described the improvement in the following terms:

The arm is no longer the seat of any pain; when it rests on any point of support, the patient can easily and completely bend the fore-arm, the integument of which has recovered all its cutaneous sensation; the latter has a tendency to reappear in the skin of the dorsal and palmar aspects of the hand, corresponding to the thumb, the index and middle fingers, and likewise in the cutaneous envelope of the thumb and middle finger. The index finger is completely cured and the paralysis of motion visibly improved in the middle finger and thumb. The patient can grasp objects tightly, and although somewhat slow, pronation and supination are possible. The whole arm has recovered its flesh and its natural temperature, but still seems heavy, although in a less degree.

The members of the Society of Surgery appeared anxious to ascertain which nerve had been injured in this case, the musculo-cutaneous or the radial, both suppositions being supported by equally valid reasons. Be it which it may, the case is not the less interesting; for a relapse having succeeded to the improvement consequent on the first injections, Mr. Vinatier consulted the Society on the position of the patient, and the general opinion was favourable to subcutaneous section of the nerve above the puncture, or even to excision of the neuroma, which, in cases of this kind, forms at the injured point of the nerve, and induces, like neuroma in the amputated, pains at times unbearable. The hope is fully justified that this patient will recover by the aid of a tonic and restorative regimen without any surgical operation being necessary.

ART. 5841. DEAFNESS, SINGING IN THE EARS. NEW APPLICATION OF MISS CLÉRET'S PROCESS. — The publicity given to the empiric treatment from which Miss Cléret has derived some beneficial effects in deafness has naturally given rise to numerous applications of her procedure; but it would be utter folly to believe that sulphuric ether is the universal panacea for the loss of hearing. With regard to deafness and dumbness, the ætiological diagnosis of which is so difficult and the curability so doubtful, it is allowable to think that many disappointments may be expected from instillations of ether, which can efficaciously modify but one morbid condition. Experiments in this case, to have any scientific value, must, as has been observed by Mr. Menière in a letter addressed to the *Impartial*, a journal devoted to the education of the deaf and dumb, be instituted according to a rigorous programme: "So long as the particular state of any deaf and dumb person has not been previously established by careful examination, and when the supposed treatment has been commenced before the child has been subjected to long and repeated tests, it will be impossible to draw any conclusion from methods which evade the rules of any sound criticism. Committees appointed *ad hoc* have, more than once, acknowledged the inutility of their investigations, because no starting-point has been established, because the children, objects of experiments, had not been examined with sufficient care.... In a great number of cases, the entire absence of information, as to the early precedents of the deaf and dumb person, has precluded the possibility of ascertaining whether the infirmity was congenital or acquired, at what age it began, what were its probable causes, etc." The affirmation of Messrs. Lelut and Béhier, although of much weight, are insufficient to satisfy public opinion as to the value of ether in cases of congenital deafness.

Some varieties of acquired deafness appear, on the contrary, to be beneficially influenced by this agent. It is those in which the deafness is incomplete or dependent on a lesion of innervation. This deafness is often the complication or the consequence of a general rheumatic tendency. Dr. Delioux records an interesting case of this description in the *Bulletin de Thérapeutique* (15th May 1860).

Fual, master gunner's mate, aged 51, was attacked, six months since,

with acute rheumatic fever; the disease became chronic and was complicated with deafness of the left ear and hardness of hearing of the right. In both, frequent singing was complained of, but no otorrhœa was present. (Singing, tinnitus, otalgic pains with more or less decided deafness, are often consequent on rheumatism.) He was admitted into the Naval Hospital of Toulon the 23rd April, underwent on the 26th instillation of ether into both auditory ducts. He immediately felt a movement, as of expansion, in the interior of the ear, attended with some pain; but from the first moment, audition was more distinct. On the morrow, he asserted that he heard with the right ear as well as before his illness. The instillation was performed in the left ear only and repeated for the third time the day following. The effects of the ether in this case continued to be somewhat painful. The fourth day, Fual declared he was perfectly cured and that he heard with both ears as well as before his rheumatism. The rheumatic diathesis was treated by Anduran wine (1) and sulphur baths, a medication which must be continued for a month, lest a return of rheumatic should bring with it a relapse of the deafness, which had so promptly yielded to ether.

Mr. Delieux further quotes two cases of rheumatic deafness, similarly treated, but in which improvement only was obtained, doubtless, because the general disease continued to exercise its morbid influence over the local manifestation, which the instillations were intended to remedy.

The same Journal contains several cases, in support of Mr. Delieux's opinion on the connection of singing in the ears and deafness with the rheumatic predisposition in a great number of instances of acquired hardness of hearing, which confirm the utility of instillations of ether in this special form of the infirmity. Among these, we select the following, the communication of which is due to Mr. Berlemont, of Joncourt. An artisan, 60 years of age, liable to rheumatism in the limbs, found these pains become localized in his head, and for a year past had become so deaf as to be unable to take part in conversation. His ears buzzed, he said, like a swarm of bees. After fruitless efforts of treatment, Mr. Berlemont performed at a quarter of an hour's interval two instillations of ten drops of ether. The patient immediately heard distinctly. The medication was persevered in, and at present he has neither deafness nor buzzing in his ears.

Mr. Debout has received from Mr. Coursier of Honnecourt a series of

(1)	Corm. colchici	1 ounce.
	Fol. fraxini	1 ounce.
	Vini Albi (Malaga). . . .	10 ounces.

Macerate for one week; strain; add

Tinct. aconiti	2 drachms.
Tinct. digitalis	1 drachm.

A tea-spoonful morning and evening in a cup of tea. (*Bouchardat.*)

similar cases, the most conclusive of which are relative to children who had been troubled with singing in the ears. "One of my little patients," says he, "seven years of age, was so sensitive to the action of the substance, that I found it necessary to weaken it by the admixture of an equal quantity of glycerine. She is going on favourably and even hears a low whisper." In cases of such extreme irritability, Mr. Debout prefers injections of anæsthetic vapours to the mixture of ether and glycerine, the glycerine, which succeeds admirably in eczematous deafness, at times neutralizing in the nervous form the improvement obtained by ether. It thus appears that Miss Cléret's method, used opportunely and modified according to individual susceptibility, may yet render some service, and we would advise our fellow-practitioners to give it a trial with their patients.

PRESCRIPTIONS AND FORMULAS.

ART. 5842. PHAGEDENIC CHANCRE; STEARATE OF IRON PLASTER AND POMADE. — Dr. Calvo, in a short communication to the *Moniteur des Sciences*, points out to the attention of the profession the two following preparations, which Mr. Ricord, his uncle, uses with much benefit in the case of soft or of phagedenic chancre:

Stearate of iron pomade.

R. Ferri sulphatis 16 ounces.
Saponis Massilliæ 2 pounds.

Dissolve the sulphate of iron in a large quantity of water, say three pints; dissolve on the other hand the soap in an equal quantity of water; mix both solutions, and dry the greenish blue precipitate; melt it subsequently at a temperature of 104°-110° Fahr.

Add, when the temperature of the mass is much lowered, 40 per cent. of essence of lavender and shake until the mixture is perfectly cool.

Stearate of iron plaster (Braille plaster).

Stearate of iron, prepared as above, quant. suff.

Melt at a mild heat and spread on linen, as for common plaster. An adhesive plaster is thus obtained, which is not liable to split, like the lead soaps resulting from double decomposition.

The stearate of iron with which Mr. Ricord and Mr. Braille, resident hospital apothecary, have endowed the *materia medica*, was first used in the case of a labouring man affected with phagedenic ulcers on both thighs, which, for fifteen months, had obstinately resisted very various medications prescribed by eminent practitioners.

In this serious and rebellious case, it occurred to Mr. Ricord to cover the sores of the right thigh with close fitting strips of the stearate of iron plaster; the left thigh, for the purpose of comparison, being dress-

ed with coal-tar plaster. In a short time, the phagedenic ulcers of the right side were completely healed, and the coal-tar was then changed on the other limb for the stearate of iron plaster, which, according to Mr. Calvo, effected a complete cure in less than one month.

ART. 5843. **ULCEROUS OZENA. ASSOCIATION OF TONICS AND CHLORATE OF POTASH IN THE TREATMENT.** — The *France médicale* records the case of a girl, who, having suffered from glandular enlargement, and other symptoms displaying a lymphatic predisposition, evinced unmistakable signs of ozena. A fetid and copious nasal discharge was present, which became particularly intolerable at the period of menstruation. The Schneiderian membrane was red and slightly ulcerated. Under these circumstances, the medical attendant prescribed the following course of treatment :

1. To sniff up seven or eight times daily the following solution :

R. Potassæ chloratis . . . 2 drachms.
Aq. destill. 8 ounces.

2. Morning and evening one pill of:

R. Extr. cinchonæ 1 gr.
— gentianæ 2 gr.
Ferri sesquicarbonatis . . 3 gr.

3. Bitter infusions, etc.

Under the influence of the above medication, the discharge decreased, and at the expiration of two or three weeks, the fetor had lost much of its intensity. Three months had barely elapsed when all trace of the disease, which had lasted eight or ten months, altogether disappeared.

ART. 5844. **ERYSIPELAS OF INFANTS. POWDER OF STARCH, TAN AND CALOMEL.** — The dangers which attend the erysipelas of new born children, especially when it originates in the umbilical cicatrix, are well known. In this case, says the *Gazette des Hôpitaux*, Dr. Legroux has for some time used, in his nursling ward at the Hôtel-Dieu, a method which appears to yield most satisfactory results.

It consists in smearing the diseased parts with glycerine, and applying a powder composed of equal parts of starch, tan, and calomel. The dressing should be renewed two or three times in the course of the twenty-four hours.

ART. 5845. **FETID WOUNDS. HOSPITAL GANGRENE. SESQUICHLORIDE OF IRON POMADE.** — In reply to a communication of Mr. Jacquemont on hospital gangrene in Italy (Art. 5829), Mr. Deleau, in defense of

sesquichloride of iron, remarks that, if Mr. Jacquemont were to prescribe the ointment as follows :

Solut. ferri sesquichloridi . . 2 drachms.
Adipis 8 drachms.

he would find that not only the fetor will be corrected, but that no layer of flesh will be removed with the dressing, nor any eschar produced, nor any cavity requiring subsequent granulation. The result would, on the contrary, be a roseate wound free from morbid granulation, and closing by rapid and uniform cicatrization.

ART. 5846. A TOPICAL APPLICATION FOR MORBID PERSPIRATION OF THE FEET. — In order to remedy excessive and offensive perspiration of the feet, which, during the warm weather, induces tenderness and discomfort, Mr. Gaffard recommends in the *Répertoire de Pharmacie* a lotion which, according to the author, can be productive, of *no ill effects*. A few drops of the following fluid will be found sufficient :

R. Plumbi oxidi rubri 15 grains.
Liquoris plumbi acetatis . . 7½ drachms.

Pound the minium in a porcelain mortar, add the acetate by degrees and keep in a phial; shake the bottle whenever the remedy is used.

In most cases, this application, made once a week, answers its purpose; but were it necessary to repeat it in summer, even as frequently as once a day, no bad results would follow. The perspiration is not instantaneously checked, but is at once reduced within moderate bounds, and the morbid symptoms dependent on it are averted. The secretion at once becomes inodorous, the skin resumes its natural thickness, without losing its flexibility, and to the patient's surprise, a healthy condition is induced by this extremely simple remedy.

ART. 5847.

LEARNED SOCIETIES.

ACADEMY OF SCIENCES.—On the occasion of a former communication by Mr. Martini on the physiological and therapeutic effects of *santonine*, Mr. Guépin of Nantes has forwarded to the Academy a short paper, in which the skilful ophthalmologist enters into some interesting details on the matter.

Santonine, says Mr. Guépin, is a substance impressible to light; it becomes yellow when exposed to the sun's rays and also in the animal system: it then colours the urine and causes objects to appear yellow.

The number of patients Mr. Guepin has subjected to the action of *santonine* in the circumstances indicated exceeds 70. Exhibited at the dose

of 30 gr. in five days and in ten doses, santonine has coloured the urine at the second dose, and patients have seen white paper assume a yellow hue. In some the adventitious colour of the urine persists, but not the disturbance of vision. In patients affected with atrophy of the arteries of the retina, in others suffering from chronic subacute choroiditis with resorption of the pigment, Mr. Guépin has not observed the yellow coloration. With some of the latter, objects have assumed in the light a whitish tint.

In almost all cases of acute choroiditis preserving after cure more or less deeply coloured deposits, Mr. Guépin has obtained visual improvement easily discoverable, although not very obvious with the ophthalmoscope. In these patients santonine almost always produced head-ache. In persons formerly affected with uncomplicated iritis or irido-choroiditis with exsudation, santonine generally yields salutary effects; visual strength increases without the morbid secretions disappearing. The exhibition of santonine often causes nausea in these patients. Mr. Guépin has frequently noticed a slight secretion passively produced on the right side without any pain being experienced during the use of santonine, while vision was improving in the left eye.

Upon the whole, it may be said that santonine produces beneficial results in the last stage of iritis, irido-choroiditis and choroiditis with plastic exudation, when the inflammatory condition has subsided. In other diseases of the eye, the case is different. Mr. Guépin has seen insignificant or bad effects or none at all from santonine used alone. This substance combines its action very advantageously either with that of atropia, or of alteratives and discutients, used in the treatment of internal diseases of the eye; hence it is destined to come into common use in ophthalmology, provided the practitioner never confounds iridian, irido-choridian and retinian amaurosis attended with morbid secretions, with amaurosis unaccompanied by morbid secretions.

ACADEMY OF MEDECINE. — The discussion raised on the occasion of Mr. Jules Roux's memoir on secondary amputation began by the reading of a letter from Mr. Legouest, Professor of the Military Hospital of Val-de-Grâce (in Paris).

Mr. Legouest contends that Mr. Roux's opinion on the *inevitable* manifestation of osteo-myelitis, consequent on fractures from gun-shot wounds, is completely justified neither by experimentation nor clinical experience. On one hand, says he, it is very difficult to induce inflammation of the bones by gun-shot wounds in animals, and on the other, many such injuries heal like ordinary compound fractures and even like simple fractures. Mr. Legouest acknowledges that this complication sometimes exists either in the acute or chronic state; but the results of secondary surgery obtained in the East on the lower extremity are not, in his estimation, of a nature to induce us to admit without restriction, that osteo-myelitis is always generalized and necessitates disarticulation, as Mr. Roux professes.

Mr. Larrey then addressed the meeting and reminding his hearers of the terms of Mr. Roux's proposition, he sought to demonstrate that his assertion is contradicted by a great number of facts. The spongy texture

of thick and short bones, said the speaker, is often inert and almost insensible to penetration from projectiles. It may be grazed, ploughed, perforated and even bears with impunity the presence and the protracted contact of balls and more particularly of ordinary spherical shot; nor does the medullary duct of long bones seem condemned to osteo-myelitis by the passage of or prolonged contact with bullets. Mr. Larrey communicated to the Society of Surgery, in the name of Clot-Bey, a case of penetration into the medullary canal of the tibia, of a ball, which remained in this cavity four months without inducing inflammation. With these reserves, Mr. Larrey admits that Mr. Roux has observed osteo-myelitis more accurately than any other person; he however regrets that his skilful colleague has not described at least the principal symptoms of this grave complication; that he has not made known and stated with precision the anatomical characters of the three stages of hyperhæmia or resolution, of softening or amputation, of suppuration or death, which he recognizes in osteo-myelitis.

Mr. Larrey is of opinion that in the second period, in which moreover the line of demarcation, separating it from the first, is not clearly traced, there may still be chances favourable to resolution, and that consequently, the passage of the disease to the second stage must not be made an almost absolute indication of amputation.

The third stage Mr. Roux denominates that of *suppuration* or *death*, and in this he lays down the *absolute* indication of the removal of the limb; but Mr. Larrey does not accept this conclusion without reserve. If suppurated osteo-myelitis, said he, is confined to the bone primitively injured, if the form of inflammation is chronic, free from secondary accidents, other than osteo-myelitis itself, he should hesitate to decide on amputation, reserving recourse to it later, as the last extremity, when the efforts of nature were clearly unavailing. The suppuration of the medullary canal, according to Mr. Larrey, may yield without inducing necrosis, and even when necrosis has taken place, a cure may be effected by the elimination of a sequestrum, sometimes representing the whole of a diaphysis. But if the extraction of the mortified bone or the excision of the diseased articulation remains insufficient or impracticable, Mr. Larrey admits the necessity of secondary amputation, especially when the life of the patient is imminently imperilled.

Mr. Larrey then examined the question of the precise spot at which, in Mr. Roux's estimation, secondary amputation should be performed in the phlegmonous period and particularly when osteo-myelitis coexists. According to Mr. Roux, disarticulation of the bone affected with osteo-myelitis should almost always be resorted to. Such a doctrine, said Mr. Larrey, if it could be adopted, would institute, as it were, a revolution in the practice of amputations. It partly reposes, it is true, on the anatomical preparations submitted to the Academy, but these pre-

parations do not, in Mr. Larrey's opinion, justify Mr. Roux's apprehensions as absolutely as he would imply.

Mr. Larrey concluded by the following proposition :

“ Osteo-myelitis, consequent upon gun-shot wounds, is more frequent than has been hitherto supposed, but it is not inevitable and is generally curable.

“ It may be limited to part of the bone, extend to a certain distance, or invade it entirely with more or less rapidity.

“ Being susceptible of frequent and even spontaneous cure, it should first be met by all rational means of treatment.

“ It sometimes necessitates excision or secondary amputation, sometimes in the continuity of the limb, or at others preferably in the joint.

“ It may serve as an explanation, in certain instances, of the failure of operations, either partial or performed on bones affected with inflammation.

“ It demonstrates the opportuneness, as well as the success of disarticulation in many cases; but it cannot justify the rule, by far too exclusive for surgeons, to abandon excision of joints and amputation in the continuity of the shaft.

“ The simple proposition, enunciated by Mr. J. Roux, notwithstanding his great authority in the practice of the art, the extreme interest and unexpected novelty of his cases, despite even the wonderful success of his exceptional practice, and the serious attention to which his investigations are entitled from all surgeons, can scarcely become a precept, justified by experience and sanctioned by the Academy. ”

In reply to the objections urged by Messrs. Larrey and Legouest, Mr. Roux discussed the arguments of his opponents, by expatiating on the cases recorded in his memoir. At the same time, Messrs. Robert and Jobert de Lamballe were preparing further criticism. Mr. Roux, in his reply to Mr. Larrey, characterized the three phases of osteo-myelitis by three significant words : *congestion*, *softening*, *suppuration*. This did not prevent Mr. Jobert de Lamballe from denying the existence of the two first degrees of this affection, which he averred never to have met with in the numerous post-mortem examinations he had made; he however consented to admit the suppuration of the medullary tissue, but without ascribing to it the same prognostic signification as the eminent Surgeon of the Navy. Mr. Jobert then inveighed against disarticulation as a general precept of practice, but took his stand rather on reasoning than on facts.

Mr. Robert's strictures bore particularly on morbid anatomy. Not only did Mr. Robert opine that Mr. Roux's description of the injuries was incomplete; but he interpreted differently the redness and softening of the

medulla; he considered the alleged changes of colour and consistency by no means indicate clearly the inflammatory nature of the lesion, hence he doubts the existence of genuine osteo-myelitis in a certain number of the anatomical preparations presented by Mr. Roux. Mr. Robert, in his turn, summarily described inflammation of the medullary tissue and taking this delineation as a standard he affirmed not to have distinctly ascertained these characters on the bones, which the author of the memoir presents as incontestably affected with osteo-myelitis in the second stage :

“ Here I foresee the reply of my learned adversary, ” said Mr. Robert; “ he will urge the great success he has obtained by this new operative procedure; 20 cases of success in 20 disarticulations, among which 11 were performed in the shoulder, 2 in the hip-joint and one in the knee are, doubtless, a powerful argument. These results are marvellous, I confess, and they at first impressed me forcibly; but on reflection it seems to me that they are too wonderful to induce the expectation that they will be reproduced under similar circumstances.... In this group of 20 cures in 20 operations, there is a run of good fortune; it is one of those series, of which all surgeons have seen examples, whereas in Mr. Roux’s unfortunate category the results were in accordance with what is observed in the usual practice of surgery.

“ I hasten to conclude :

“ The cases recorded in Mr. Roux’s interesting paper are neither sufficiently numerous nor conclusive to establish that, in secondary amputations necessitated by gun-shot wounds or grave fractures, it is expedient to disarticulate the diseased bone, and to relinquish either excision or amputation in the continuity of the limb. ”

The duty of summing up the discussion devolved on Mr. Roux, but this gentleman’s speech was but the reproduction of his own elements of conviction. The honourable Surgeon of Toulon stated in a few most appropriate words the probable result of the debate.

“ The communication I have had the honour to lay before the Academy, ” said the learned Surgeon, “ is not of the order of those, which a vote decides; it requires the prior sanction of experience. For the time being, it has had all the results to be expected, since it has given rise, in the bosom of the first medical body in Europe, to a discussion, which will leave traces in the memory of the profession and in the scientific press, will invite attention, call forth new investigations, and perhaps add a page to the still incomplete history of osteo-myelitis, and likewise to that of secondary amputation after gun-shot wounds. ”

Discussions on the communications of corresponding members not admitting of official resolutions, the Academy was not called on to vote on the opinions propounded by Mr. Roux.

— The discussion on the action of cinchonia afforded Mr. Michel Levy, formerly Director of the Medical Department of the Army of the East, an opportunity of summarizing in the following terms a certain number of conclusions of much practical interest derived from cases collected by military surgeons :

“ 1. Expectation is not attended with serious inconvenience in uncomplicated intermittent fevers, provided appropriate hygienic conditions are attended to ; it is, in a certain measure, the indispensable preliminary to the sincerity of experiments on the succedanea of cinchonia.

“ 2. In part, the success ascribed to cinchonia has no more value than that of a number of other substances extolled as febrifuges, and testifies to an important clinical fact, well-known to the ancients, viz. the spontaneous exhaustion of paroxysms of fever. We connect with that mode of solution the alleged cures of fever obtained immediately by cinchonia, before the manifestation of a single paroxysm at the hospital and those of the greater part of spring fevers.

“ 3. Although summer and autumn fevers are more persistent than those occurring in spring, they present a certain proportion of cases which terminate spontaneously, a fact proved by Mr. Laverand's observations ; we may unhesitatingly add a part of those we directed to be made at the Piræus in September 1854, and which show intermittent fevers cured by a first dose of from 6 to 9 gr. sulphate of cinchonia ; reflexion induces us further to include in the same category the fevers we treated in 1835 with salicine, with apparent success in the hospital of Calvi in Corsica.

“ 4. If in marshy countries, such as Corsica, Algeria, the Piræus and Varna, at a period at which the miasmatic evolution is at its maximum, a considerable proportion of fevers are ascertained to terminate spontaneously, this proportion must assuredly be much more considerable in our very temperate climates, in places, where the paludal character is less decided or even very feeble, such as Paris and many of our provincial towns. At the military hospital of Lille, a venerable head-physician, Mr. de Chamberet, cured intermittent fevers with pure water distributed to the soldiers in phials bearing as a label *protoxide of hydrogen*.

“ 5. The expense of sulphate of quinine in civil hospitals, as in the army, will be much reduced by the application of the preceding data ; sulphate of cinchonia will suffice for the treatment of most fevers occurring in spring and up to the beginning of the month of June ; even beyond that time, it will succeed in a certain number of summer and autumn fevers. In winter, when the physician has to contend with little else than relapse without any tendency to a malignant form, this same medicine may be used, preceded or not by a dose of sulphate of quinine, agreeably to Mr. Moutard-Martin's advice, or united with a small quan-

tity of sulphate of quinine, conformably to the experiments prescribed by the Military Board of Health.

“ 6. No Army surgeon has tried the use of cinchonia for malignant fevers; this caution, agreeably to the instructions of the Board of Health, will certainly be imitated by civil practitioners; it is dictated by the results of experience.

“ Another source of economy of the valuable salt of quinine will also be found in the exhibition of rational doses; exaggeration in the doses of this medicine has extended from Africa to France. I have seen prescribed in Paris 15 gr. sulphate of quinine for a feverish state, which scarcely required the use of the remedy at all. Impartial observation shows that even in marshy countries it is rarely necessary to raise the doses beyond 12 or 15 gr. We have seen this amount succeed at Navarino, in the Morea, for dangerous fevers induced by the effluvia of the marsh of the Djallowa, which were not inferior in gravity to those of Algeria.

“ Finally sulphate of quinine is utterly wasted in the vast majority of splenic enlargements. According to Professor Laverand, quinine has no action in the progress of these diseases. Our own observations teach us a practical distinction between inveterate obstructions of the spleen and those of very recent date. The latter have appeared to us to be influenced like the general phenomena, which constitute paludal fever, the beneficial effects of the medication; older tumours of the spleen are no longer modified by sulphate of quinine, which is however lavished on them with extravagant perseverance.”

Mr. Michel Levy reminded his hearers in conclusion that in its report, printed in 1859, the Board of Health pointed out the singular contrast between the toxical energy of sulphate of cinchonia and its therapeutic insufficiency, a subject well worthy of further investigation. In the exhibition of Peruvian bark, the toxical and therapeutic effects of cinchonia combine with those of quinine; the result of these associated actions gives to cinchonia its peculiar value; now, if sulphate of quinine is the resource of the physician for fevers which resist the use of sulphate of cinchonia, other fevers, obstinately persevering in spite of sulphate of quinine, yield to cinchona-bark; in fevers, in which relapses have been frequent, and in those which have induced a cachectic condition, Mr. Michel Levy gives the preference to powdered cinchonia.

Mr. Piorry replied to Mr. Michel Levy: “ Is it quite certain, as Mr. Levy alleges, that many intermittent fevers are cured spontaneously? The speaker is convinced that these fevers, when left to themselves, are seldom cured. Will Mr. Michel Levy tell us that, to be acquainted with intermittent fever, it is necessary to observe it in the Crimea or at Rome? In Paris, which abounds with foreigners, we are enabled to measure

the spleens of fever patients, who flock to us from all points of the globe. Judging by Mr. Michel Levy's speech, it would seem that sulphate of quinine is a formidable medicine; but I affirm upon my honour that during the many years I have employed it, I have never experienced the least accident from its use. He added that none of the succedanea of cinchonia, except sea-salt, diminishes the spleen, and consequently exercises on fevers an equal degree of influence. Yet, according to Mr. Michel Levy, Mr. Laverand has seen intermittent fever cured by water. Is Mr. Laverand acquainted with percussion of the spleen and has he made any observations on the matter which can be communicated?

"The high price of quinine has been spoken of, as if, in questions of such gravity, it were allowable to adduce similar reasons."

Mr. Piorry doubts that success can be obtained with small doses. It is therefore good economy to exhibit at once large doses, in order to obviate the necessity of frequent recurrence to the medicine.

A debate then arose between Messrs. Piorry and Bousquet on the subject of the share of the spleen in the production of intermittent fever. Mr. Bousquet reproached Mr. Piorry with seeing in this fever naught but the result of splenic enlargement, whereas the contrary is more likely. Mr. Bousquet however admitted that it is expedient to ascertain the condition of the spleen, in order to estimate correctly the degree of gravity of the disease.

For ordinary cases, Mr. Bousquet is an advocate of temporization.

ART. 5848.

BIBLIOGRAPHY.

De la goutte, de sa nature, de ses causes et de son traitement préservatif, palliatif et curatif (the nature, and causes of gout, and its preservative, palliative and curative treatment), by P. Galtier-Boissière, M. D. of the Faculty of Paris (1).

Mr. Galtier-Boissière is not only a practitioner of merit, he is also a cultivated intellect, a philosopher, a scholar, and moreover, a title unfortunate for himself, but happy for science and mankind, Mr. Galtier-Boissière is a sufferer from gout! We are thus indebted to this learned practitioner for the best monograph that medical literature now possesses on this disease.

(1) 1 vol. 4to, 120 pages. Victor Masson.

“ From a sequence of four generations, ” says he in his preface, “ I inherit a predisposition to gout; my youth was saddened by the spectacle of the tortures of which my father was a victim and twice, at about a year’s interval, I had two decided attacks, when by a treatment, which is not at all new, but which, like so many other great and good things, has been in a great measure renewed from the Greeks, I have now entirely preserved myself from the disease for upwards of thirteen years. I advisedly say preserved not cured, because I have been repeatedly warned that I could not with impunity neglect the daily practice of the dietetic and somatic rules recommended by Hippocrates, and particularly enforced on me by my conformation. I have been enabled to convince myself that the medicines I have successfully used can not alone effect what they so wonderfully promote, when they are taken methodically and cautiously, and their effects seconded by a regimen of great sobriety, and especially of sufficient activity to prevent the recurrence of an evil which these potent pharmaceutic means may at first relieve, it is true, but cannot alone definitively cure.”

These few lines, in which the Author lays down in most simple terms the results of his personal experience in gout, are a complete declaration of principles. They show that, if Mr. Galtier-Boissière strictly accepts the permanent condition of a gouty subject, he is not disposed, like Sydenham, to allow all licence to his tyrant, for fear of irritating him by thwarting his inclinations. His ambition does not rise so high as to throw off the hereditary yoke imposed on him, but he claims a right to lessen its weight, and by skilful and persevering tactics to acquire a liberty at least apparent, in default of real independence.

Before he initiates his reader into the methods he has found successful in the incessant contest he has waged for fifteen years, the author combats the prevalent prejudices on the subject of gout, not only of the public, but even of the medical world. Thus, in his opinion, it is a mistake to think with Sydenham that pain is the best remedy for this disease and that the whole therapeutics of the gouty patient may be reduced to this philosophical formula of the English Hippocrates : *patience and flannel*. This was the mode of treatment recommended to Mr. Galtier-Boissière’s father by physicians, disciples of Raymond of Marseilles, the author of the work : *Sur les maladies qu’il est dangereux de guérir* (On diseases which it is dangerous to cure); and yet this prudent conduct did not prevent the poor man from dying young of a fit of visceral gout, after having suffered horribly his whole life. In addition, the abdication of the practitioner, who advises his gouty patient to suffer and to respect his disease, is attended with the very serious disadvantage of infallibly throwing him into the hands of quacks. And when we examine how the trade of these sharpers thrives, we perceive that it is because, as they always promise,

they first relieve at the risk of subsequently killing, by means of pills, a syrup or a cordial, to which they append their names as inventors, although the principal agent of their drug is a substance, whose action may have been known to the ancient Greeks.

Mr. Galtier-Boissière thus peremptorily proves the antiquity of the use of colchicum for gout by demonstrating the identity of *colchicum variegatum*, or chequer-flowered meadow saffron, with the *hermodactylos* of the Ancients, extolled by Alexander of Tralles, Aetius, Aretæus in articular affections.

Another prejudice much more general, because it is more specious than the above, consists in the belief that all gouty subjects are necessarily persons who indulge in high living, epicures, drunkards, debauchees, or idlers. But Aretæus already noticed that the bodily repose, rendered necessary by protracted mental exertion, might occasion the disease in the most sober and industrious persons. Galen had made the same remark, and we often see poor artisans, of sedentary habits, such as engravers, jewellers, watchmakers, tailors or shoe-makers and clerks or venerable clergymen victims to gout. When therefore the gouty are taunted with the words of Raymond of Marseilles: "As the rich, the idle and the voluptuous alone suffer from gout, it is but just they should, even in this world, do penance for the pleasures of every kind they indulge in," such invalids should be allowed to retaliate and, in their inability to imitate the Emperor Severus, who had jesters hanged, or to tread in the foot-steps of Antonius Lova of Pavia, who speared them, to answer by this passage, which Sydenham seems to have written for the very purpose: "Gout kills more wise men than fools (*plures interimit sapientes quam fatuos*)."

The theory of gout, which in the present state of science best enables us, according to Mr. Galtier-Boissière, to account for facts observed, consists in admitting that it is a disease, which attacks certain persons, because they have not enough bodily exercise, muscular labour sufficiently energetic for their hereditary or acquired conformation. The consequence is that the food absorbed is no longer in due proportion in its quality or quantity with the habitual expenditure of the system. The food, instead of contributing by its assimilation to the support of the system, the restoration of its strength, the preservation of health, and subsequently, instead of being successively carried away by disassimilation, by the various emunctories, ceases to be properly modified and eliminated. It thus remains in too great a proportion in the blood, forms a chemical compound not readily soluble, *uric acid*, which, being no longer sufficiently excreted, gradually accumulates in certain parts of the body, often first around the small joints, produces painful swelling, caused by *congestion*, movable and transitory, but which may degenerate into per-

manent tophaceous concretions. And as both inflammation and concretions may affect the brain, heart, lungs, stomach, etc., the disease may then rapidly become a cause of death under the various names of misplaced, visceral, retrocedent, anomalous, erratic gout.

Supposing thus the combination of symptoms, designated by the word gout, to be dependent on an idiosyncrasy, inducing a diathesis which, if unopposed, leads to a cachectic state of the articulations or to visceral inflammation, it appears obvious to Mr. Galtier-Boissière that, to treat the disease rationally, we should first modify the predisposing organic conformation by a particular regimen and the adoption of more healthy habits; allay the pains, lessen and check the morbid change of the blood, which induces the attacks; then, acting on the various excretory organs, endeavour to dissolve and remove the concretions, if any have formed, and be constantly prepared to obviate an inflammatory determination which might take place on any important organ and soon prove fatal; such is the proper course to be pursued.

"In general," says the Author, "the necessity of muscular labour has not been sufficiently urged in the treatment of gout: too much reliance has been placed on low diet; the main point is not however to absorb little, but to utilize that which is absorbed. A gouty patient once said to Reveillé-Parise: 'Doctor, in spite of my 1600*l.* a year, my sobriety is most strict; I drink nothing but water, I eat vegetables without salt, a pretty woman terrifies me, and nevertheless I too often feel the acute pangs of gout. Well! it must be remarked that Reveillé-Parise's gouty patient neither speaks of bodily labour nor muscular exercise, which he ought to have had, and without which all the rest is absolutely useless. After having selected the most convenient exercise, that which is most appropriate to their position, the gouty, if they are really anxious to employ a means of cure or of preservation, should take, at least twice daily, morning and evening, long, great and energetic muscular exercise.' Lafontaine has written it in his charming fable:

. . . . goutte bien tracassée
Est, dit-on, à demi pansée.

The diet of persons, apprehensive of gout, should be, for the most part, composed of vegetables; they should, however, take meat, in order to preserve or to acquire the vigour requisite for muscular labour. It is especially very important to eat at each meal of but one kind of meat or vegetables, in order not to be tempted to exceed the requirements of their natural appetite.

"When any premonitory symptoms," says Mr. Galtier-Boissière, "render me apprehensive of a fit of gout, I immediately suppress three fourths of my usual food, I double the quantity of the water I drink, and I

increase fourfold, at least, my ordinary exercise until all the precursory phenomena of the threatened attack have disappeared." Mr. Galtier-Boissière carefully proscribes fermented liquids, but he allows a moderate use of coffee, tea, cocoa, as well as red and white wine, which he prefers to beer. He advises the patient not to cover himself with too much woollen clothes. "It is much better to accustom the skin by degrees to react against the cold, by habituating the body in the beginning of summer to cold lotions and subsequently to use, for some moments, every morning, on arising, the wet sheet, the temperature of which is daily lowered."

He advises gouty subjects to retire to rest at 10 o'clock, and to rise at 6; to make it a rule to endeavour every day *at the same hour* to obtain a motion after the principal meal; to evacuate the bladder often and entirely, in order to obviate the tendency to the formation of calculi, etc.

But it is not sufficient to attend in gout to the prevention of the disease and to advice for the future; the patient must, in the first place, be relieved. The indications here are of several sorts. It is important first to rid the system of the excess of uric acid, combined or free, and then preparations of colchicum may beneficially supervene. Colchicum, we have said, is the *hermodactylos* of the Ancients, who employed it to eliminate the *peccant* matter, without having studied the action of colchicacea on urine, and without knowing what Mr. Chélius first demonstrated, that preparations of these plants rapidly double the proportion of uric acid eliminated by the gouty.

We regret our inability to reproduce here the extremely important developments into which the Author has entered on the occasion of this pharmaceutic agent, the basis of all the arcana of which quackery has availed itself. This part of Mr. Galtier-Boissière's work should be read, were it only to provide against the danger of prescribing a certain syrup or cordial, the preparation of which is kept secret by a selfish inventor. We will merely observe that the preparations this physician prefers consist of a tincture prepared with one part of powdered seeds and eight parts of alcohol at 33 degrees. He exhibits 15 gr. or 32 drops a day to be taken in four doses at, at least, two hours' interval, in a small cup of slightlyedulcorated coffee. On the morrow, the colchicum is replaced by an equal number of doses of 4 gr. sulphate of quinine rendered soluble with a sufficient quantity of Rabel water(1). For the purpose of sparing the stomach, the same quantities of colchicum and of quinine are alternately administered by the rectum in quarters of enemas and also given at two hours' interval after the intestine has been pre-

(1) A preparation analogous to, but stronger than the ac. sulphur. aromat. Lond. Ph.

viously cleared by an injection of water. If the first dose of tincture of colchicum does not attain the end proposed, Mr. Galtier-Boissière augments the quantity each time by one fourth, beginning from the third day; he then stops as soon as he obtains copious diaphoresis and diuresis, which, most generally, are followed by a great diminution of the pain. In no case has Mr. Galtier-Boissière exceeded the dose of $1\frac{1}{2}$ dr. in one day, divided into four doses, to be taken at three or four hours' interval, diluted with a double quantity of excipient.

We also recommended to the attention of the reader, be he physician or patient, for by a happy exception this memoir may be read with advantage by all, the considerations relative to the use of alkalines administered in drinks, baths or lotions. For a beverage Mr. Galtier-Boissière derived benefit from bitartrate of potash at the dose of 15 or 30 gr. dissolved in a quart of edulcorated decoction of ash-leaves.

We will not expatiate further on this method of treatment of gout, so ingeniously and minutely expounded by the author. We should however wish Mr. Galtier-Boissière had dwelt at greater length on the effects of mineral waters in this disease and particularly those of Vichy; he notices the antagonism between the two great arbiters of these waters, Prunelle and Petit; but he suspends his judgment in this grave question, doubtless for want of sufficiently precise elements of conviction. This chasm deserves so much the more the attention of pathologists, that many eminent physicians, among whom we may quote Mr. Pidoux, still participate in Prunelle's opinion on the disadvantages and dangers of Vichy waters for persons afflicted with gout. It is therefore important this problem of medical hydrology should be further investigated, and Mr. Galtier-Boissière, who has supplied us with so excellent a treatise on gout, is bound, more than any other investigator, to discover the solution.

— *A Practical Account of general Paralysis*, by Thos. J. Austin, M. R. C. S. E., post 8vo, pp. 225. London, John Churchill.

Among the books we have recently received, we cannot forbear noticing the above work, on the interesting subject of the general paralysis of the insane. We believe Mr. Austin is right in assuming that no monograph, in English, on this affection has yet been offered to the public; the desideratum is now most satisfactorily supplied by the volume before us. Mr. Austin has evidently bestowed much time on the observation of mental disease, and his description of the symptoms of this most distressing form of deterioration of the cerebral functions is one the minute correctness of which will be at once acknowledged by all those who have spent any time in lunatic asylums. The causes, pathology and most appropriate treatment are considered separately in successive chapters, and we

regret that our limits permit us but to point out to our readers a volume which is one of no common interest.

ART. 5849.

MISCELLANEA.

— Dr. Rayer, who was desirous of defraying, from his own purse, the expenses of the [installation and publicity of the General Association of the Medical Practitioners of France, has just presented this Association with a sum of 200*l*.

— The Association of the Medical Practitioners of the Department of the Seine has received from Dr. Moulin a perpetual annuity of 60*l*. for the purpose of founding, at the college of Saint-Louis, in Paris, a scholarship in favour of the son of a poor doctor of Medicine or of Surgery, living or dead, a member of the Association or not. All claims for this scholarship to be forwarded before the 3rd of July next either to Mr. Paul Dubois, President, or to Mr. Louis Orfila, Secretary General.

— Dr. Darralde, Inspector of Eaux-Bonnes, died recently at the age of 56 at Navarreux, a small town of the Lower Pyrenees. Dr. Arnal expresses himself as follows in a letter published by the *Journal des Connaissances médicales* :

“ Always affable, of mild and polite manners, full of tact and delicacy, serviceable to utter forgetfulness of his own interest, Darralde was adored by all who had ever known him.

“ As a practitioner, he had especially studied complaints of the chest and in these, he excelled the most skilful; but his modesty was even greater than his talent; and when his superiority in the diagnosis of these diseases was mentioned to him, he claimed no other merit than that of devoting to his examination much patience and time.

“ Of exaggerated disinterestedness, Darralde did not consider the services he rendered, and was satisfied with the most modest remuneration: he never accepted anything from artists, men of letters, priests, were they even cardinals, nor from the most distant relatives of medical practitioners, etc. For the most part, he kept open house for them, either at Eaux-Bonnes, or at his residence, at Navarreux. Thus, notwithstanding his vogue for thirty years, and although he had attended the wealthiest families in Europe, Darralde died without having increased his fortune and left naught but the patrimony he had received from his parents.”

GENEVOIX'S ANTARTHRITIC

(PURE HORSE CHESTNUT OIL)

14, RUE DES BEAUX-ARTS, PARIS.

Among the numerous topics possessed by therapeutics, horse chestnut oil is the best *external remedy* for gout, rheumatism and neuralgia. Approved of by the Medical Council of Saint-Petersburg, frequently prescribed by the Faculty in France, Belgium, England, this new agent daily assumes more and more importance in our *materia medica*. This oil is entirely pure and unadulterated; it is indebted for its sedative action much to its characteristic fluidity, much to the presence of fatty acids combined with the esculine of the horse chestnut. The sedative action of horse chestnut oil is far superior to that of chloroform, opiates, or the solaneæ used externally, and the oil is almost invariably successful after all the sedatives of the *pharmacopœia* have failed in succession.

Horse chestnut oil is not a counter-irritant; its application occasions neither blisters nor rashes; it acts locally as a *sedative* and a *discutient*, and destroys pain without any violent perturbation in the gouty element; it causes neither erratic gout nor disease of the internal organs, and often averts the paroxysms or renders them very benign, if the precaution be taken to apply the oil daily, at the recurrent periods, to the articulations usually affected.

"Etherized oil of horse chestnut has been for many years extolled for gout and rheumatism. Mr. Genevoix, dispensing chemist of Paris, has regularized its preparation and use."

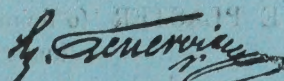
(Bouchardat, *Annuaire de thérapeutique*, 1858, p. 91.)

"In some cases, in which we have tried the use of this oil, we have seen the pain disappear, without the patients having suffered any exacerbation."

"This medicinal oil appears to us to possess a real therapeutic value."
(*Bulletin général de thérapeutique*, p. 217, 15 sept. 1858.)

The following medical gentlemen prescribe for their patients, or themselves use horse chestnut oil: Drs. Charles Masson, Louvel, Debout, Clément, Dequevauvillers, Grégoire, Colon, Marchal, Roch, Bérard, Zarkowski, Dezauche, Dufresnois, Declat de Neboud, Mangendre, Sardaillon, Nivert, Labruné, Dubreuil, Chanet, Everts, Noël, Rozier, Petit, Monod, Cerise, Pinel Jr., de Romilly, Ozanam, Mayer, etc., etc.

Each bottle bears on one side the letters M. Q., and the annexed signature.


dispensing chemist, 14, Rue des
Beaux-Arts, Paris.

London, Jozeau, Chemist, 49, Haymarket.

INDEX

OF THE CONTENTS. JUNE 1860.

ART. 5832. Academy of Medicine. — Discussion on osteo-myelitis consequent on fractures in gun-shot wounds. — Physiological and therapeutic action of sulphate of cinchonia. — A new system of bathing; one hour's bath with three and a half quarts of water.

HOTEL-DIEU. (Dr. Aran's clinical wards.)

5833. Pneumonia of the aged. — Medico-chirurgical measures in pleurisy. — Remarks on the treatment of subacute rheumatism.

HOSPITAL OF LA CHARITÉ. (Professor Velpeau's wards.)

5834. Excision of mammary cysts.

HOSPITAL OF THE SCHOOL OF MEDICINE. (Mr. Nélaton's wards.)

5835. Interesting case showing the utility of a loose, precautionary ligature in complete denudation of an artery.

5836. Remarks on the pathology and treatment of gleet.

MEDICAL CORRESPONDENCE. —

ART. 5837. Compression of the carotid arteries in puerperal convulsions. — ART. 5838. Destruction of hemorrhoids with acids.

SCIENTIFIC MISCELLANEA. — ART.

5839. Excision of bones. — ART.

5840. Neuralgia and paralysis consequent on venesection. — ART.

5841. Deafness, Miss Cléret's process.

PRESCRIPTIONS AND FORMULAS. —

ART. 5842. Stearate of iron plaster and pomade. — ART. 5843.

Ulcerous ozena. Tonics and chlorate of potash. — ART. 5844.

Compound powder for infantile erysipelas. — ART. 5845.

Sesquichloride of iron in hospital gangrene. — ART. 5846. Morbid perspiration of the feet.

LEARNED SOCIETIES. — ART. 5847.

ACADEMY OF SCIENCES. Santonine. — ACADEMY OF MEDICINE. Secondary amputation after gun-shot wounds, Messrs. Legouest, Larrey, Roux. — Cinchonia. Mr. Michel Lévy, Piorry, Bousquet.

BIBLIOGRAPHY. — ART. 5848.

The nature and causes of gout, its preservative, palliative and curative treatment, by P. Galtier-Boissière, M. D. — *A practical, account of general paralysis*, by Thos. J. Austin, M. R. C. S. E.

MISCELLANEA. — ART. 5849. Dr. Rayer and the General Association.

OBITUARY. — Dr. Darralde.

Printed by Ch. Lahure and Co., 9, rue de Fleurus, Paris.